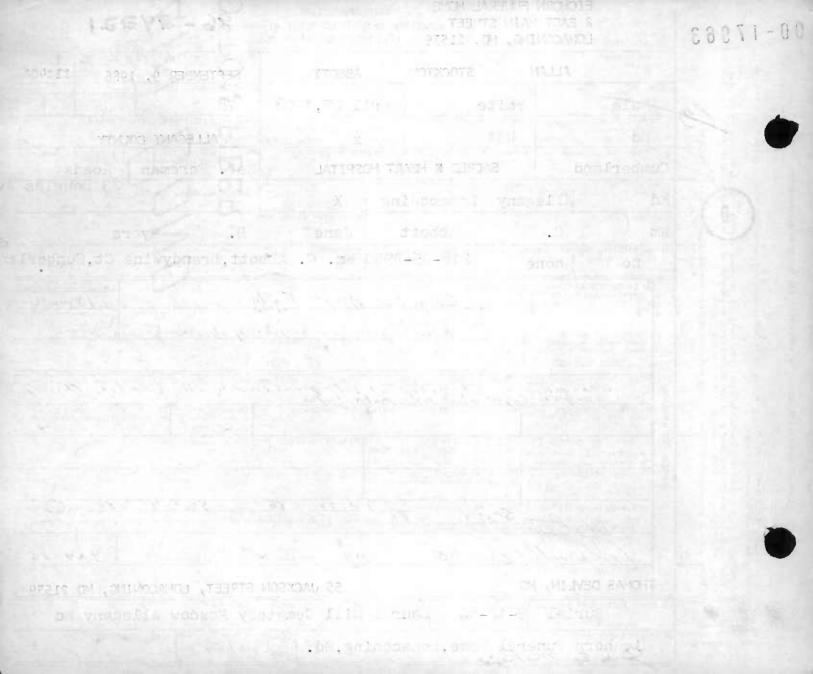
(FKI + DEATH 86-24 220

MISSING



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4 00 1	20		Hale	White		Apri	11 27,1968	78	YRS	
leath. Po	3	0	THPLACE (STATE OR FÖREIGN	USA	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY O	RCOUNTY OF	
offer of he in will be monthled	1		y or town of death mberland		HOSPITAL, NURSIN		OSPITAL	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF RET. Fore	ON F WORKING LIFE)	126 KIND OF BUSINESS INDUSTRY Roads
(1)	3.5	Md	L RESIDENCE (IF NURSING HOMEO TATE	egany	GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	23 Douglas 2/53/
	10	4. FA Wm	THER'S NAME FIRST C.	WIDDIE	Abbot	t	Jane FIRST	B. MIDDLE	Byer	S
n and co Poges 1	1	16a, W	AS DECEASED EVER IN U.S. A	RMED FORCES?	216-05-	2950	Wm. C. Abi	oott, Brand	ss ywine	Ct, Cumber
icote b hysicia popers oval.	°		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe ED BY:	r line for (a), (b), on-	d (c).)	Heart Fai	luce		APPROXIMATE INTERVAL BETWEEN ONSET AND DE
certifing probability in the confinence of the certification of the cert			IMMEDIA	TE CAUSE (0)			Heart Fai.	1476		18 month
death attendi			Conditions, if any, which	(b)_	A ther		tic coronary a	Atry Discase		years
by the use remo			gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	DR AS A CONSEQUE	NCE OF				
equires the signed Then pled to burial injury, or		NO	PART 2. OTHER SIGNIFICANT CERETO VA SC. 9 an great	CONDITIONS C mler accide	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVEN	IN PART 110 Insufficience
an. has bee t permit. ene pria	1	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES ₩ NO□	120b. IF YES, W	G CAUSES OF DEATH?
SICIAN: Ting physicincertificate irriol-transitental Hygisten 18 sh	2		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A	OF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)
		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN -	COUNTY STATE
attending ter this of s the bur hand Me	- 1		22a.l certify that (I) (this hasp sow the deceased glive or		he deceased from_	di	nd that in (my) (aur) opinion	death accurred on the de		76 , tho (I) (we)
ENDING PHYS tol or attending OR: After this or ar use as the bur f Health and Me I is morked ar th			abave, (1) we) (did) (did n	ot view the body	ofter death.		DEGREE			22c DATE SIGNED
ATTENDING PHY aspirol or attending ECTOR: After this ad far use as the built af Health and M m 21 is morked or				16/ 1			MI) ATTENDING PHYSICIAN	MEDICAL STAF	F	9-9-80
OR ATTENDING PHY e haspital or attendi DIRECTOR. After this ched far use as the bu- Dept. of Health and M			/ Chemy	Odl	- ma			DIRECTOR PHYSIC	IAN [1 7 00
ATTENDING PHY aspirol or attending ECTOR: After this ad far use as the built af Health and M m 21 is morked or			/1//		- mo		22e. ADDRESS	STREET, LO		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME 2b HOUR (TYPE OR PRINT) ESTI-Elaine DAMA ARNOL D Donna DEATH MATED 28 19 86 1835 4. RACE & AGE (IN YEARS 2d HOUR IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Female 16 59 27 28 19 86 1835 Cau DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED USA WIDOWED DIVORCED Allegany
12a USUAL OCCUPATION (TYPE OF WORK CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Memorial Hospital Homemaker Home Cumberland DME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134 INSIDE CITY LIMITS? 136 STREET ADDRESS PER TO BOX 73 COUNTY 13c. CITY OR TOWN West Virginia Davis 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Wilfong Marvin Davis Lena 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WV. 26260 (YES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATES! 235-02-9198 R Patrick Arnold Box Davis. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Extensive head trauma 26 hours IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which 26 hours Automobile accident gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Craniotomy for severe head trauma 9/27/86 YES NO XX 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 4: 10 P.M. 9 27 1986 UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH Car ran off road, hit tree, turned over 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED WHILE AT WORK Between Red House & Thomas W. Va. Tucker Chty Rt 219 South Inspection X 22s. I certify that I took Inquiry X and in my apinian death resulted from Homicide ___ Undetermined monner TITLE (SPECIFY) ACTUAL 9/28/86 Dpty SIGNATURE. MEDICAL EXAMINER EXAMINER'S NAME Cumberland Md 21502 ADDRESS Memorial Hospital Paul Snow, M.D. TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION WV. Davis cemetery Tucker Burial Davis. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE R. Hinkle Davis. WV. 26260 (VR A15 ME (5))

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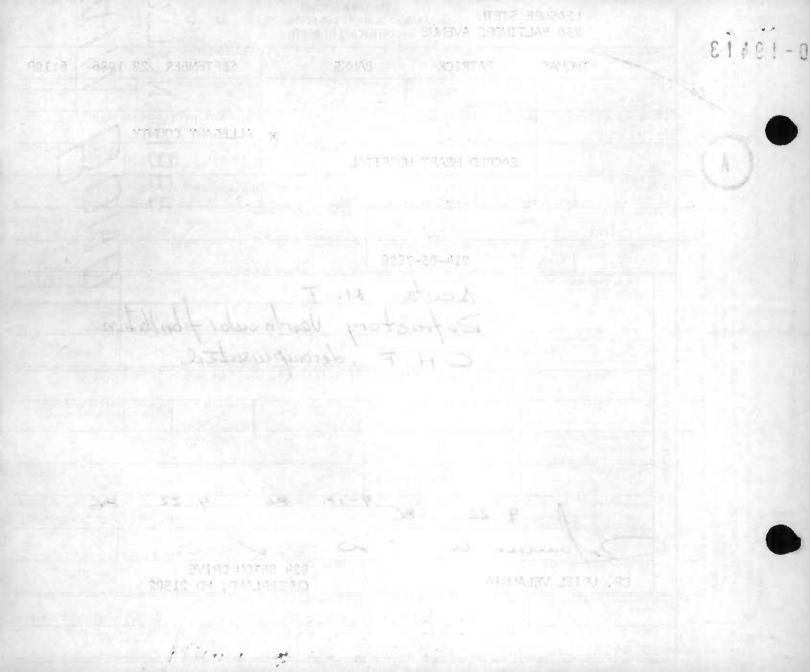
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- 18002	1	STATE REGISTRAR			CERTIFICATE OF DEATH	REG. NO	g.ca	
. 10032		CEASED NAME FIRST	WIDDLE		LAST		MONTH DAY YEAR	26 HOUR 0:15
be 3 be 0	(III)	M A	ARY JANE		ATHEY	September	8, 1986	P M
mo rer o	3. SE	х	4 RACE	7	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YE	
ge 4	1	female	white		12-12-1919 YEAR	66	YRS.	YS HOURS MIN.
6 70 116	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF		
· 新文之		MD	USA		WIDOWED DIVORCED	Alle	gany	MD.
offer dwg	10. C	Cumberland	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G Memorial	NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	O OF BUSINESS OR
120	MISH	AL RESIDENCE (IF NURSING HOME C			-	retired	. Puildi	ing Supplies
ND 2	13a	STATE 13b COU	INTY 13c. CITY		1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE Dokfield Av	/01 F02
RYLA (I D)	14. Fz	ATHER'S NAME	regarry Cu	IIIDGI 1	Land Yes XX NO 15. MOTHER'S MAIDEN NA		JUNITETU AV	renue/21302
WAR CONTRACTOR		George P. Da		LAST	FIRST	nda McLaugh		LAST
RE,		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI	AL SECUR		ADDRES		
iMOR e exec n ond Poges	- (YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES) 220	-10-	0572 Mr. Ray M. A	thev. Cumber	rland. MD -	- husband
SALT ports by sicion pers. of.		18 CAUSE OF DEATH (Enter o	only one couse per line for (o	1. (b), ond		Λ .		OXIMATE INTERVAL EN ONSET AND DEATH
Tr., E		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	dio-	. Roshisatom	Asset	BETWEE	IN ONSET AND DEATH
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death death offend over co		Conditions, if any, which	((b)	eth	ic 2 mbolis	~		
the the remover trees.		gave rise to immediate couse (a), stating the	DUE TO, OR AS A GO	NSECNIEN	ICE OF). C. 14 In	,		
that that d by ease ol, c		underlying cause last.	DUE TO, OR AS A GO	chr	min's Cathole	V		
DS, 20 quires signe hen pl to buri	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DE	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	lio
or red	CERTIFICATION	19a DATE OF OPERATION	LIAL CONDITION FOR		DED ATION AND ADDRESS OF THE PARTY OF THE PA			
RECO	FIC	196. DATE OF OPERATION	196. CONDITION FOR	WHICH C	PERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
TAL	ERTI	210. ACCIDENT WAS UNDERLYING T	216. TIME OF INJURY		121, HOW IN HURY OCCUPY	YES NO	YES 🗌	№ □
PHYSICIAN: The ending physicio this certificate be buriol-transit and Mental Hygie dor Item 18 should of or Item 18 should be the state of the state		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	TH DAY	YEAR 216. HOW INJURY OCCUR	(ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2	0
HYSICIA nding p nding p bis certif buriol-t buriol-t a Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY		21f LOCATION			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DING PHYSICIAN: The low requires that the death certificate be executed within hours or ottending physician. After this certificate has been signed by the ottending physician and require they used in bye as the burial-transit permit. Then please remove carbonopapers. Pages I after dual be full of the and Mental Hygiene prior to burial, cremation, or removal. marked or Item 18 shows any injury, or other traumatic event, the medical commission to be included or Item.	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY		M. ETC) STREET	CITY OR TOW	OUNTY COUNTY	STATE
ADIN Cor Se o Se o		220.1 certify that (1) (this hosp	ital) attended the deceased	from			. 19	, that (1) (we) lost
TTER Pipito CTOP For 1		saw the deceased alive as observe (II lww) (did) (did no	of View the body after death	19	, and that in (my) (our) opinion of	death occurred on the dot		
OR A he has DIREC rached rached Dept.		22h SIG NATHE	S.10 -	-	DEGREE		224 DA	E SIGNED
AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D		1 p	M		ATTENDING PHYSICIAN	DIRECTOR PHYSICI	AND 19/	9/86 .
HOSPITAL ned by th FUNERAL Jid be det the Stote		22d PHYSICIAN'S NAME	ORFORHE)			rial Hospit		Building
TO HOSPITAL (reformed by the TO FUNERAL Is should be deto with the Store I IMPORTANT; if		Dr. Q. Zaman	n			erland, MD		7
2 6 ± 2 3 ₹ 4	23a. B	URIAL, CREMATION, REMOVAL			ME OF CEMETERY OR CREMATORY	23d LOCATION		
BP		Burial	09-11-1986	Hil	llcrest Burial Par	k Cumberlar	nd Allegan	ny MÔTATE
DHMH - 16 60M 7/84	24. FL	INERAL DIRECTOR		DDBEEF	25a DATE	REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNA	
(VRA 15, 4)		James F. Scarpe	elli, Cumberî	and,	MD 21502 SF	P.45 1996	Lukia Davidson	Anders.

18002 Carethe Respiratory Asserts Safeti Grandeliam Hickory - Contactory Market B. Sandard

-	I. DEC	EASED NAME	FIRST		WIDDLE		LAST	20. DATE OF DEA	TH MONTH	DAY YE	AR 2b. HOUI	R
deod V)	{TYPE	OR PRINT	HOMAS	PA	ATRICK	i	BANKS	SEPTE	MBER	22 1986	6:1	OP,
المرا و	3 SEX	(4 RACE		5. DATE (6. AGE (IN YEARS LA	AST BIRTHDAY)	MONTHS (YEAR IF UNDER	24 HRS
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121		RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8 9	D NEVERMARRIED	9. BALTIMORE CI	TY OR COU	NTY OF DEAT	Н	
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7	C	umberlan	ıd	SACRE	ED HEART	HOSPI	OR OTHER INSTITUTION X S TAL	12a USUAL OCCL			ND OF BUSINE STRY	SS OR
27	13a. S	AL RESIDENCE (IF NU	RSING HOME OF		13c. CITY OR TOV		113d INSIDE CITY LIMITS?	13e.STREET ADDR	ESS / 7IP C	ODE		
	Ma:	ryland	Alle	egany	Cumber		YESXIX NO [Stre	et 21	50
1	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		- 100		LAST	
		Ewing		more	Banks	5	Margare		DEC	S	huler	
1		VAS DECEASED EVE		MED FORCES?	16b SOCIAL SEC		17 INFORMANT	A	DDRESS			
		Yes, no or unknown)		VII	214-05-	7626	Emma J. Ba	nks	S	ame a	s 13a-	-0
		18 CAUSE OF DEA	TH (Enter or	nly one couse pe	er line for (a), (b), a	nd Ici i	-, 0, 2, 2, 2, 2			BETY	PROXIMATE INTER	DEATH
		PART I. DEATH		D BY: TE CAUSE (o)	Acuta	5	M. T.		,			
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o E				DUE TO,	OR AS A CONSEQU		1/2:-/.		1.1 .1	17		
0		Conditions, if on	L L					C 1 1 1/2 1 -	41 1 - /	W- 11 1 100		
-				(b)_	Ketra	1610	ry ventin	culas -	ומסיו	Ce 4 Un		
D C		gave rise to in couse (a), stat	nmediate ting the	DUE TO, C	OR AS A CONSEQU		1	1	1001	Cettyn		
r other tr		gove rise to in	nmediate ting the	(b)_ DUE TO, C			, Lecomp	1	2	CHUN		
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1	CATION	gove rise to in couse (a), stat underlying cous	nmediate ting the se last.	(c)CONDITIONS C	OR AS A CONSEQUE	DEATH BUT	, decomp	eusated	CONDITION 20b. 11	I GIVEN IN PAI	INDINGS USED	0
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STATE OF MARYLAND



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(VRA 15, 4)

202 Greene Street-Cumberland, Md.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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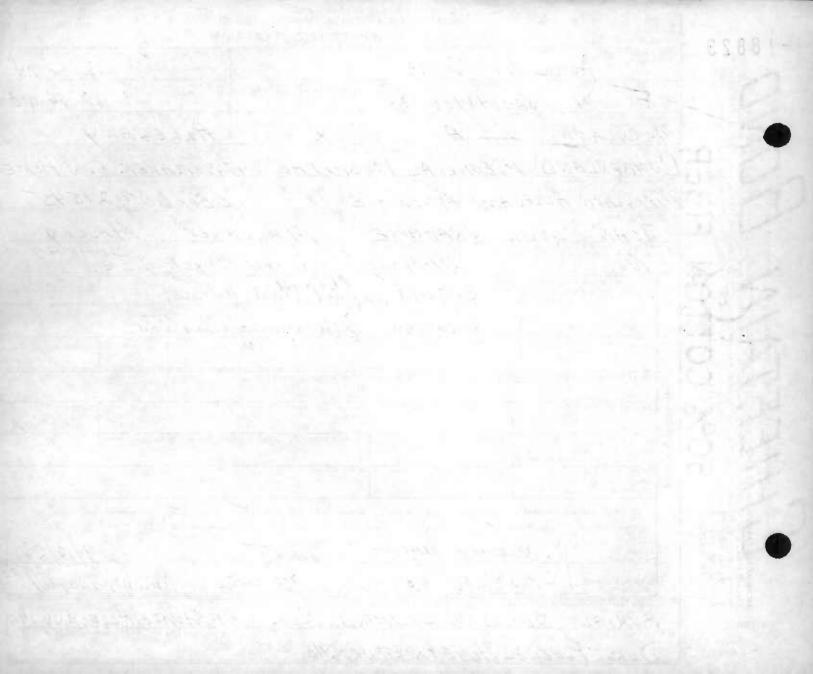
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10000		STATE REGISTRAN	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
10023		CEASED NAME ANNA	B. Boyle LAST . 20. DATE KNOWN & MONTH OF ESTI-DEATH MATED 9	18 19 86 11:25 M
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S STEED S	C	UMBERLAND	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF HOLL) FACILITY, GIVE, STREET ADDRESS IZO. USUAL OCCUPATION (TYPE OF WORK FORMOST OF WORKING LIFE) TOMBEMAKER	OWN HOME
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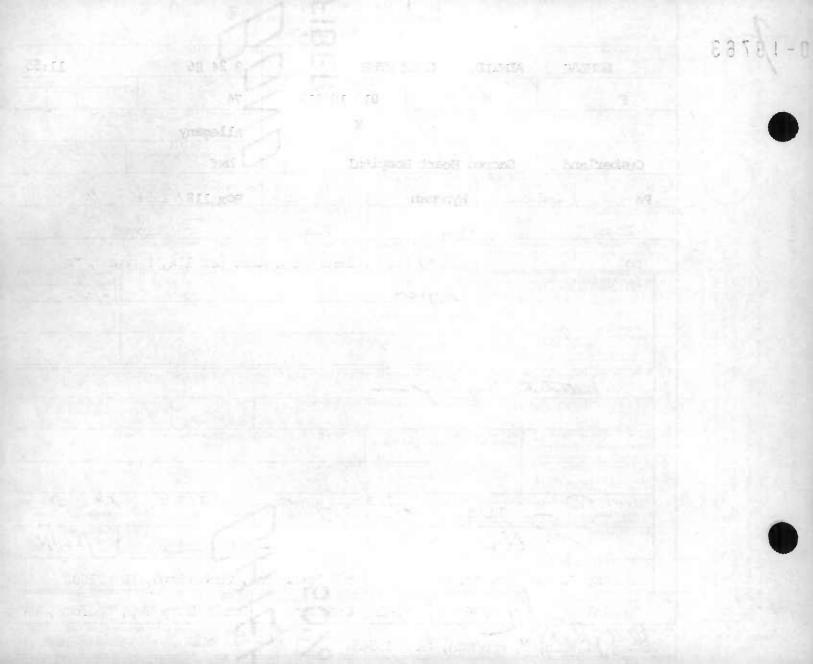


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		NECESSARY, PLEASE LUNERAL DIRECTOR. S POR YOUR FILES. WITHIN 72 HOURS RESTON STREET.	n	ale	white	5-29-3	O YEAR	56 YRS	MONT	HS DAYS	HOURS		RONOUNCED DEAD	9	7	19 86	7:15A	
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		NECESSA FUNERAL S POR Y MITHIN		ryland		U.S.			WIDOW	/ED 💭	DIVORCE		Allega	ny Co	ounty		MD.	
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	DIVISION OF VITAL RECORDS,	I: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUTE. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG STROKES SHOULD BE USED AS A BURIAL - TRANSIT PERMIT STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 21201-PRIOR TO BURIAL, CREMATION, OR REMOVAL.	1	PART 2 OTHER SIGN	IIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMIN	IAL OISEAS	E OR CONDITION	GIVEN IN PAR	11:0						
	SECC.	MED BE AS AS CRE	CERTIFICATION	19a. DATE OF C	PERATION	Tier CONDI	TION FOR	WHICH OPERA	TIONIN	AC DEDECOR	MED2				Lea			
	IAL	ACULT NO. SEPTIME	FIG	176. DATE OF	JI EKATION	198 CONDI	IION FOR	WHICH OPERA	TION W	AS PERFOR	WED?				20	AUTOPSY		
	7	WORK OF STREET	E	21s. EXTERNAL	CAUSE WAS	21b. TIME OF			21c. H	OW INJURY	OCCURRED	(ENTER NA	TURE OF INJURY IN ITE	M 18 PART 1	OR PART 2)	YES X	NO [
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	5	WRIT WRIT ARD AGE: ATE	2	AT WORK	NOT WHILE C	3 SIREET, PAC	IORY, PARM, E	TC)		TREET			CITY OR TOWN		COUNTY		STATE	
		TR: THE THE SENT THE		22a. I certify	that I took charc	ge of the remains des	cribed abo	ve, held on	Autap	sy X	Inspection		Inquiry .	and in m	ny opinion			
		AND THE NAME OF TH	-211	death resulted	354 0	ral couses X,	Accident		ide 🗌	, Homici		Undeter	mined manner].	, opinion			
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		ICAL EXA SHOULD E SHOULD E ERAL DIRE EATH, WIT	1	ACTUAL SIGNATURE	111-1		an		M	D. Assi	stant	MEDIC	AL EXAMINER	D/ SI	ATE GNED	9/8/	86	
		TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST, BATTIMORE, MARYLAND, 2		EXAMINER'S N	AME Wil	liam M. Z	ane,	M.D.		ADDRESS	111	penr	st. B	alto.	MD.		6 Lee	
,		DX 40 FA	23a.B	URIAL, CREMATI	ON, REMOVAL		23c. 1	NAME OF CEM	ETERY O	RCREMATO	RY	23d. LOC.	ATION		COUNTY	SI	ATE	
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	ZOM	DHMH - 17	24. F	UNERAL DIRECT	Leasi	ire-Ster	n Fu	neral	Hom	e, Ir	C .	C'D. BY R	EGISTRAR 25b. R	EGISTRAF	R'S SIGNA		g. 34	
		(VR A15 ME (5))	23	0 Balt		Ve. Cum				2150		17	1086		Silver -	", ndal	2 46	

1	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO	2 4 2 3	3
19/63		EASED NAME	FIRST	MIDDLE	1	AST		MONTH DAY YEAR	2b HOUR
oge 3	(TYPE C	BEUL!	H ALW	TLDA CAI	RPENTE	3	9 24 86		11:55,
E a	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	MONTHS DAY	
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eoth. Pog erol dire		THPLACE (STATE OR F DUNTRY) PA	OREIGN 7b. CITIZE	N OF WHAT COUNTRY	? 8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF Allegany	COUNTY OF DEATH	1AA
rs ofter de		Y OR TOWN OF DEA	nd Sa	cred Heart	HOSPI	R OTHER INSTITUTION	12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
n 24 hou		Pa	ING HEME OR OTHER INSTI IN COUNTY Bedford	131. CITY OR TO		13d. INSIDE CITY LIMITS? YES NOX	13e.STREET ADDRESS / BOx 118 /		79999
ed within	II. FA	THER'S NAME FIRST Frank	WIDDIE	Bush		15. MOTHER'S MAIDEN NA FIRST Ada	WE	Shroyer	LAST
Page Co		AS DECEASED EVER ES, NO OR UNKNOWN) NO	IN U.S. ARMED FORG			Glenn Carpen	ter, Box 118		PA
low requires that the dec s been signed by the otte rmit. Then please remove prior to burial, cremation s any injury, or other traur	CERTIFICATION	Conditions, if ony, gove rise to imr couse (o), stoting underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA	pediate g the lost. DUE VIFICANT CONDITIO	(b)	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	NINAL DISEASE OR CONE	OITION GIVEN IN PART 20b. IF YES, WERE FING	DINGS USED
No. The Investigation.	CERTIF	21a. ACCIDENT WAS UND		IME OF INJURY		21c HOW INJURY OCCUR	YES NO X	YES 🗌	NO 🗌
IG PHYSICIAI ottending ph ter this certifit s the burial-tr nond Mentol I	MEDICAL	OR CONTRIBUTING OF CONTRIBUTIN	CAL EXAMINER) RED 21e. P (AT HC	JR A.M. MONTH I P.M. LACE OF INJURY DME, STREET, FACTORY, OFFICE	19	211. LOCATION STREET	CITY OR TO	YN COUNTY	STATE
R ATTENDIN hospitol or IRECTOR: Af hed for use o ept. of Heolif tem 21 is mo		sow the deceos		ded the deceosed from 19 body ofter death.	86,01	d that in (my) (our) opinion	death occurred on the da	te and hour and from t	, thot (we) las he couses stoted TE SIGNED
HOSPITAL Of Coined by the Coined by the Could be detocated that the Stote DRPATT. If		22d PHYSICIAN'S NA		'ne'	ml	27e ADDRESS	MEDICAL STAF	IAN []	24/186
O FUND Mould be		Anthony	J. Bollino	, Jr. MD		955 Frederi	ck, Cumberla	and, MD 21	502
1989	23a. Bi	URIAL, CREMATION,		77/86 23c		y Cemetery		ry Twp, Bed	
DHMH - 16"50M 4/83 (VRA 15, 4)	24 FU	1414/19/2011	Zeigler, F	Tyndman, PA	. 155	45 250 SE	PESO BY REGISTRAR	Sh. REGISTRAR'S SIGN	ATURE



817	681	1	1 -	FOR STATE REGISTRAR			DEPAI	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	PIÈNE 6	2 4 2	25	and the state of t
	. e.t	Ī		EASED NAME OR PRINT)	FIRST		MIDDLE		AST	20 DATE OF DEATH		YE AR	26 HOUR
2	director, page 3				EDGAR		W.		ENTER	August 2	<u> </u>		12:30P _M
E E	te. D		B. SEX			4. RACE		S. DATE C	/28/1903 YEAR	6. AGE (IN YEARS LAST E	MONT	DER I YEAR	HOURS MIN.
- 6	irect.	1		ale		Caucas			/28/1903	82	YRS.	254711	
	un 72 ho	5	C	THPLACE (STATE OR F DUNTRY) PA		/ USA	WHAT COUNTR	MARRIE		9 BALTIMORE CITY Allegany		DEATH	MD.
	by the full	4	Gu	y or town of dea mberland	1	Memor in suc	CHEACILITY, GIVE STE	reet ADDRESS)	R OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Supervi	OF WORKING LIFE)	NDUSTRY	f BUSINESS OR ay Main.
G	filled in rould be	3	USUA 13a. S	L RESIDENCE (IF NURS LATE PA	HI36 COUN Bed	other institution ITY Eord	I GIVE RESIDENCE BEI 13t. CITY OR TO Hyndma	OWN	13d. INSIDE CITY LIMITS?		zip code erry Town	nship	15545
MARYL	mpletely and 2 st	13	A. FA	Virgil		MIDDLE .	Carpent	ter	15. MOTHER'S MAIDEN NA Lilly	WIDDLE	Shaffer	LAS	r
ORE,	and co	27		AS DECEASED EVER		MED FORCES?	16b. SOCIAL SE		17 INFORMANT		RESS		
TIMO	S. Po	2		no			185-30-	-4344	Martha Carpe	nter, Hyndi	man, PA	155	MATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B	tories man me again commone signed by the attending physici has please remove carbonoppe a burial, crematian, ar remaval. jury, ar ather traumatic event, th		No	18. CAUSE OF DEATH W PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), storin underlying couse	which nediate g the lost.	DUE TO, O	OR AS A CONSEC	QUENCE OF	Massial Moderated to the Term	Pulmonay	En bolizm	PART In	
AL RECOR	re has been sit permit. I giene priar	7	CERTIFICATION	19s. DATE OF OFERA		3.5	1	ICH OPERAMO	N WAS PERFORMED	298 AUTOPST?	201. IF YES, WE IN CERTIFORNIC YES	CAUSES	
N OF VIT	certifica certifica prial-tran tental Hy Item 18	9	MEDICAL CE	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	HOUR A	.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	SURY IN ITEM 18 PART I	OR PART 2)	
OISINIO CA	After this as the bu		MED	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	RK R	(AT HOME, ST	OF INJURY REET, FACTORY, OFFI	S. H. Alex	211 LOCATION STREET	CITY OR		COUNTY	STATE
Z	DR: A			22a I certify that (I) saw the decease			he deceased from		id that in (my) (our) opinion	death accurred on the	date and hour and		that (I) (we) lost
	the haspit AL DIRECTO Jetached for Late Dept. of			above, (I) (we) (c 22b. SIGNATURE	did) (did no	n ille	after death.		DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR □ PHYS	AFF	271. DATE	20/M
9	Hould be WPORTA	/		Dr. Ran	jitha	1			Cumb	rial Hospi erland, MD		ат В.	idg.
999	BR 49		23a. B	JRIAL, CREMATION, PECIFY) BULL		29. DATE 08/23			Cemetery OR CREMATORY			Be	dford, PA
/ Di	HMH - 16 60M 7/8 (VRA 15, 4)	id	14. FU	HAVEY H.	Zeigl	er, Hyn	dman, ^00P/	A 155	45	A DADGE ISH	PSB FEGIS IRAR	S NONA)	RE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAN REG NO DECEARED NAME O DATE KNOWN X MONTH ROBERT **GERALD** CLAIR DEATH MATED 4. RACE IF UNDER 24 HRS DATE PRONOUNCED Male Cau DEAD LETHIRTHPLACE INTAIL OF 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Allegany DIVORCED West Virginia WIDOWED [U.S.A. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Cumberland 107 Parkut Street DRESS) FOR MOST OF WORKING LIFE) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INCHE CITY LIMITS? 13e. STREET ADDRESS 107 Park Street MarVland 13A99 eganv 13c CUmber Nand 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Thomas William Clair Bessie Simpson 217-10-1406 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) Edna M. Clair same CAUSE OF DEATH (Enter only one couse per line for (*) (b), ond (c) PART I DEATH WAS CAUSED BY: Cardiac arrest BETWEED HOOP PEATH IMMEDIATE CAUSE (o) Atrial fibrillation chronic Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ON CONDITION GIVEN IN PART 1 10 B-12 & Folate deficiency 20 to chronic alcoholism; chronic lung disease CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. The PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.I CITY OR TOWN WHILE AT WORK Inspection XX Inquiry XX 220. I certify That I took charge of the remains described above, held on Autopsy TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE Homicide Undetermined monner 9/24/86 TITLED SPECIFY) DATE SIGNATURE MEDICAL EXAMINER SIGNED Memorial Hosp. Cumberland Md 21502 Paul Snow, M.D. EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial 9/27/86 Hillcrest Burial Park Cumberland Allegany

4 FUNERAL DIRECTOR Leasure-Stein Funeral Home, Inc., SEP 29 1986 07/84 25M **DHMH - 17** 230 Baltimore Ave. Cumberland, MD - I was to be the state of the (VR A15 ME (5))

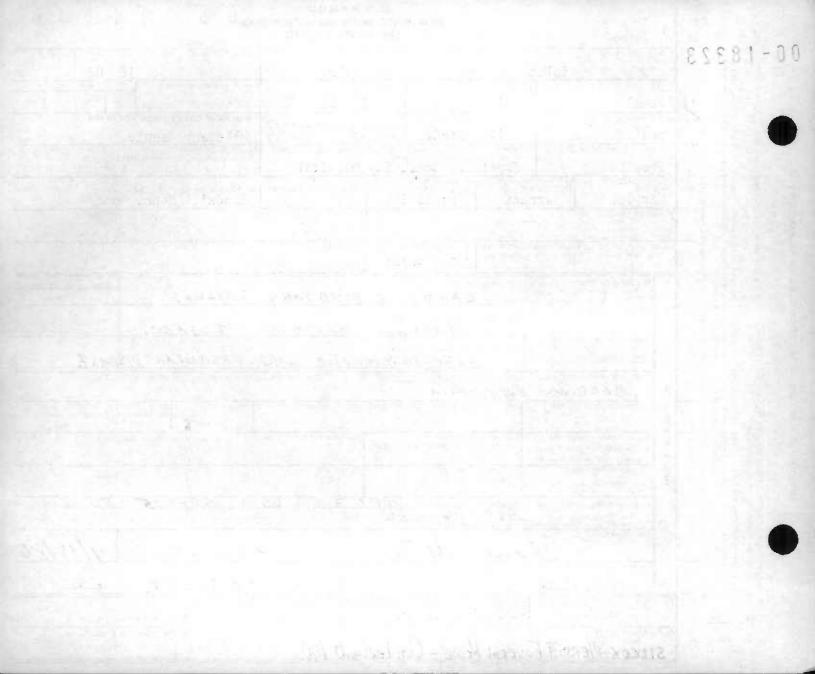
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≥ 2	N 200		TW	8 25	09 76		DATS HOURS	DEAD	8	15 1986	6:11 6
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Z Z	E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS IN PRESTON STREET,	10	LISIANA	USA		WIDOW	400	_ //	EGHAT	VY	MD.
SIS	W. E.S.	10. SI	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS	F, OR OTH	ER INSTITUTION	120. USUAL OCCUPATIO		OR INDUSTR	SINESS
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100	FORM ON OA	16a. V	AS DECEASED EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURI	TY NO.	17. INFORMANT		DRESS	210-1	-
AFTER	Sign S	{Y	S. NO. OR UNKNOWN] (IF YES, GIVE W	AR OR DATES)	522-34	-6378	Emm	A Hight	Mtst	Dem. WV.	7/139
RS AS	Z Z Z		18. CAUSE OF DEATH (Enter only			1			, , ,	APPROXIMATE	INTERVAL
ST.	LIONG WITH FREMIT, PAGE GENE, DIVISIONAL.		PARTIDEATH WAS CAUSED	BY:	ror (a), (b), and (c).)	Duly	UDMAHU A	embolism	04	BETWEEN ONSET	AND DEATH
PRESTON ITHIN 24 H	NA BES		IMMEDIATE	CAUSE (o)	AS A CONSEQUENCE	A.F	apriles &	, , , , , , , , , , , , , , , , , , ,			
10 77	EMC EN		Conditions, if ony, which	20210,01	Chink	OI.					
W. P. C.	AMINER L-TRANS AENTAL H	6	gave rise to immediate cause (a) stating the under-	(b)	214015	4					
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RECORDS.	FORDICAL EXAMINER CANDON OF THE FORM ED AS A BURIAL - TRANSIT PERMIT. PAGES LY HEATH AND MENTAL HYGIENE, DIVISION OF CREMOVAL.	z	TAKE Z OTHER SIGNIFICANT CONDITIONS CO	MIKIBUTING TO DEATH	BUT NOT RELATED TO THE TER	WINAL DIZEAZE	OR CONDITION GIVEN IN PART	1 (0)			
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¥ 5		5	THE DATE OF CITERATION	178. CONDI	HOITTOR WAILER OFE	KATION W	AS PERFORMED!			20. AUTOPSY?	
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N OF	E 3 8 6 3		UNDERLYING OR	HOUR A.M	MONTH DAY YEA	R ZIC. TIC	JW INJURY OCCURRED	LEWIER MATURE OF INJURY IN	ITEM IB PART I OR P	ART 2)	
IVISION	SAR 10	MEDICAL	CONTRIBUTING CAUSE OF DE		DF INJURY (AT HOME.	216.100	CATION				
DIVISION S CERTIFIC	E 3 SED	ME	WHILE - NOT WHILE -		ORY, FARM, ETC.)		TREET	CITY OR TOWN	cc	UNITY	STATE
FIS D	ORWANDED TO THE CHINE PAGE 3 SHOULD BE UNE STATE DEPARTMENT ON U.S. 21201 PRIOR TO BURN		AT WORK AT WORK						/		
	A SES		220 I certify that I taak charge	of the remains des	cribed above, held on	Autops	y . Inspection	Inquiry .	and in my a	pinian	
Nam	DIRECTOR: ONECTOR: (, WITH THE SARRYLAND)		deoth resulted from: Natura	couses .	Accident A. S	vicide .	Homicide .	Undetermined monner			
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43	For Fig. —		ACTUAL SIGNATURE	rucisa	o wys	M.	D. Deputy	_MEDICAL EXAMINER	DATE	ED 8-15-	84
	A SE SE		EXAMINER'S NAME	- 44 #4 0 4 3	20		1200	- L D. 1	7 1	1 111	1 2/1
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55	8 × 4 8	23a. B	IRIAL, CREMATION, REMOVAL 23	DATE	23c NAME OF CE	METERY OF	RCREMATORY	23d LOCATION	COL	NTY 1 STA	TEN 1
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/////VK	A) 5 ME (5))	Y	Blaine Schaffe	, Bx 40	55- Peterson	y Wil	1A. AUG 20	1980	Nindo	D. Jack	
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4	1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 2	4231
-18598		ECEASED NAME FIRST PE OR PRINT) Eleanor	NMI	COOPER	20 DATE OF DEATH MONTH 8 39	86 25. HOUR 1407H
ge 4 may ector, pa	3. \$1	FEMALE	CAUSC.	5. DATE OF BIRTH MONTH DAY YEAR 01 23 89	6. AGE (IN YEARS LAST BIRTHDAY) 97 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
Month To	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY ALLEGANY COL	
133		CUMBERLAND	Memorial Ho	spital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE RETIRED .	12b KIND OF BUSINESS OR INDUSTRY Homemaker
m 24 hours	13a Ma	aryland All	rother institution, give residence before NTY 13t. CITY OR TOW La Vale	YES NO NO	13e.STREET ADDRESS / ZIP CODE 1023 Nat1 Hgv	vy, 21502
omplete)	2	George	Hansel Hansel	15. MOTHER'S MAIDEN NA Hester	Humbe Humbe	ertson
		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b SOCIAL SECU VE WAR OR DATES) 220-30-0	THE ME	EMORIAL HOSPITAL	
Anthony of the state of the sta	1		nty ane cause per line far (a), (b), and ED BY: TE CAUSE (a)	cumbers Aunt	AND MD 21502	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to that the death of the attending to an attending to a solution of a so		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	elevotic Hew	t L'read	TALBLE ART L
on. hos been sign 1 permit. Then eve prior to th	CERTIFICATION	fulti und	act Dem	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	, WERE FINDINGS USED YING CAUSES OF DEATH?
NG PHYSICIAN, T otherding physic ther this certificate of the bundal-train in and Mental Hyg arked at flear(8 a)	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	19 ZII LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
ADING PROTECT OF After the could and could and the could be death an	ME	220.1 certify that (I) (this hasp	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	city or town	COUNTY STATE
OR ATTEN F hospital DiRECTO Ched for Dept. of H		sow the deceased alive an abave, (f) (we) (did) (did no 22b. SIGNA URE	at) view the body after death.	DEGREE	death occurred on the date and haur	and from the causes stated 22c. DATE SIGNED
HOSTIAL (FUNERAL I Nuld be deto No fee feeto	+	22d. PHYSICIAN'S NAME (T) PEC			cial Hospital & Me	9-4-% edical Building
54 54 54 A	23a.	Dr. Robustiano BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY	erland, MD 21502	ACQUATY STATET 3
BP		Burial FUNERAL DIRECTOR		ostburg Mem. Pa		
DHMH - 16 60M 7/84 (VRA 15, 4)			Home, Frostb	arg, Md.	PO9 1986	Dender Rondoll

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CHORIAL HOSPITAL LAL CURING -1502 MAND -13 1502	ant 1918 Samana Amerikan		%	
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STATE OF MARYLAND



MARYLAND 21201	
, BALTIMORE,	
201 W. PRESTON ST.,	
S, 201 W. I	
TAL RECORD	
JIVISION OF VITAL RECORDS, 201	
VIG	

TO HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death certificate be executed, retained by the bospital or attending physician.

DHMH - 16 60M 7 (VRA 15, 4)

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7a. 1			ANGELO		ELLUOMO	AUGUST 23,19	86	26 HOUR 4:15P
7a. 1	male BIRTHPLACE (STATE OR FOREIC COUNTRY)	wh		I DATE O				
5 10. C	BIRTHPLACE (STATE OR FOREIC COUNTRY)				OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
10. C	COUNTRY)		ite	MONTH	07-09-1928	58 yr:	MONTHS DAYS	HOURS MI
2	MD	IN TE CITIZEN O	F WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN		
2		US		WIDOWE		ALLEGANY COU		A
130	Cumberland	(IF NOT AS	RED"HEART	HOSP	DR OTHER INSTITUTION ITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING PACKET	oni Mf	
)	MD	ome or other institutio county Allegany	136. CITY OR TOWN Cumberl	N .	13d. INSIDE CITY LIMITS? YES 🗶 NO []	130.STREET ADDRESS / ZIP CO 414 Springdal	le Street	/21502
/ 14. F	FATHER'S NAME FIRST Sisto	DelTuomo	LAST		15 MOTHER'S MAIDEN NAM	ta (nmn ^{m)DDLE}	LAS	ŠT.
160	WAS DECEASED EVER IN U	S. ARMED FORCES?			17. INFORMANT	ADDRESS	100	MAN
	no		21728756	56	Maria Delluc	mo, Cumberland,		VIFE
CERTIFICATION	PART 2. OTHER SIGNIFIC		CONTRIBUTING TO D				GIVEN IN PART IN YES, WERE FINDIN	NGS USED
4	210. ACCIDENT WAS UNDERLYE	NG 🗇 21h TIME	OF INJURY	1	1214 HOW IN HIRV OCCURE	YES NO NO RED (ENTER NATURE OF INJURY IN ITEM	YES	NO 🗌
MEDICAL C	OR CONTRIBUTING CAUSE	OF DEATH HOUR A	A.M. MONTH DA P.M.	YEAR 19		CENTER NATURE OF INJURY IN THEM	IB PARI I OK PARI 2)	
WED	WHILE NOT WHILE AT WORK	LAT HOME S	E OF INJURY STREET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a. I certify that (I) (this saw the deceased al abave, (I) (we) (did),(, an		, ta death accurred on the date and h	havi and fram the	
	226. SIGNATURE	THE CO PRINTS	9	in	ATTENDING PHYSICIAN 2226. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE	25/8
	SUSAN SCHWA	RTZ, M.D.	V		FROSTBURG PL	AZA, FROSTBURG,	MD. 215	32
	BURIAL, CREMATION, REM	OVAL 23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION		

CALLED METER LOSELLY

BOOK SO TRIBUTE

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - 5	OR TATE EGISTRAR			DEPART		EALTH AND MENTAL HYDICATE OF DEATH	3.0	EG. NO.		•	4	U
1	I DECE	ASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DE	ATH MONTH	DAY YEA		2b HO	
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ı	1. SEX	1000		4. RACE		5. DATE C		6. AGE (IN YEARS)		IF UNDER 1 Y		IF UNDE	R 24 HRS
	1	male		whi		MONTH	1-20-1931 YEAR	5.	TINO			HOURS	MIN.
7		HPLACE (STATE OF MD	FOREIGN	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE C		Y OF DEATI	Н	×	MD
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4	_	BERLAND			AL HOSPIT			truck	driver	. 0	rch	ard	S
1	la STA		13b COUN Alle	ITY	1. GIVE RESIDENCE BEFORE 13c. CITY OR TOW Spring	'N	13d. INSIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP COL	0€ 50			
A	4. FATH	ER'S NAME	-	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		DDLE		LAST		
	100		d Doll		CASI			ive Ash	DOLE		LASI		
7		S DECEASED EVEL			166 SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS				
١	[YES,	yes		rean	217-28-7	603	Mrs. Opal L.	Dolly,	Spring (
I	11	PART I. DEATH	WAS CAUSE	D BY:	r line far (a), (b), an	dien Po	chinostom	Arres		API 8E TW	PROXIM	NSET AN	RVAL D DEATH
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		gave rise ta im cause (a), stoti underlying caus	ng the	DUE TO, C	R AS A CONSEQUI	ENCE OF		Carcin	oma.				
		ART 2. OTHER SIG	NIFICANTO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OF	CONDITION G	IVEN IN PAR	Tlia		
	CERTIFICATION	a DATE OF OPERA	ATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERT	ES, WERE FII IFYING CAU IES 🎞			TH?
		DR CONTRIBUTING	CAUSE OF DEA	TH HOUR A	OF INJURY .M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR		OF INJURY IN ITEM 18	PART I OR PAR	7 2)		
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1	72	bove (H(we)	(did) (did na	t) view the body	ofter death.		DEGREE		-		Afes	1	
		V	fc	m		M	ATTENDING	MEDICAL DIRECTOR DE	STAFF PHYSICIAN	9	1/0	18	6
		DR. ZAMA	100	FRANCE			MEMORIAL HO CUMBERLAND.		EDICAL 7	BUILDI 502	ING	1	
1	23a. BUR	RIAL, CREMATION	REMOVAL	23b. DATE	236 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO	N				
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			Scar	pelli,	Cumberlan	d, MD	21502	RD IGGE	Julia Davi	scar - No	Joe	Ties .	1

STATE OF MARYLAND

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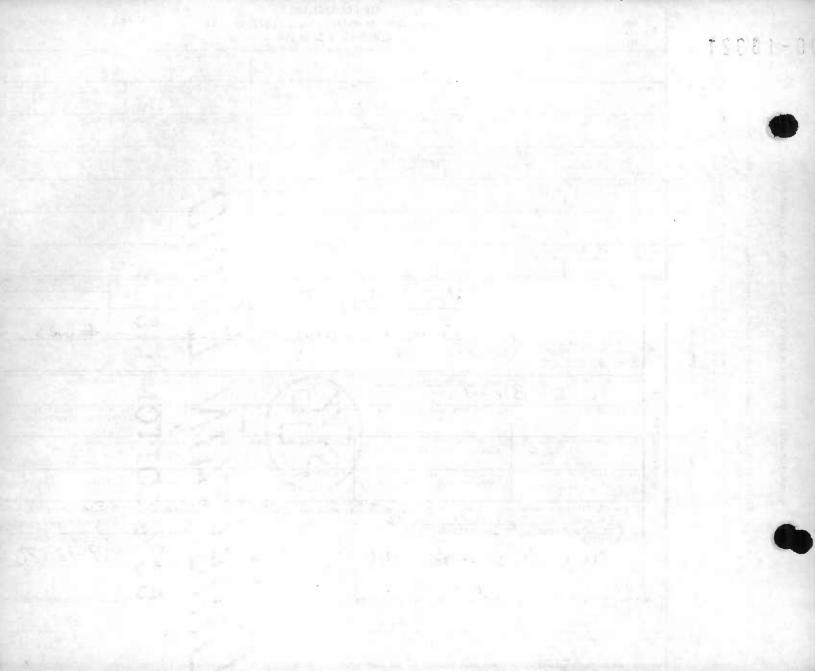
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colm w. dater, Jr. Laveley, its

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN 26 HOUR TTYPE OR PRINTI ESTI-Foutz Louise Marie 1986 600. DEATH MATED 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR 3. SEX IF UNDER 24 HRS 2c. DATE PRONOUNCED 26 White Female 1086 800. DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) Md. MARRIED NEVER MARRIED U. S. A Allegany WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Westernport Home 209 Poplar Street Westernport Housewife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 209 Poplar St. Westernport Allegany Westernport Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST FIRST Barnard Ada Bradley Samuel 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-05-0530 Quigley Foutz Westernport Md. CAUSE OF DEATH (Enter only one cause per line for (of, (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE O lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION ORWARDED TO THE CHIEF A
ORWARDED TO THE CHIEF A
OR PAGE 3 SHOULD BE USED. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF PRIOR TO BURIN YES -NO [71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f LOCATION 71d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME AT WORK AT WORLE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE EXECUTE THE CLINE FORW
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAGETER DEATH, WITH THE ST
ARTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my apinion death resulted from: Suicide Natural couses Homicide Undetermined monner ACTUAL DATE SIGNATURE EXAMINER'S NAME TYPE OR PRINT! 23a. BURIAL, CREMATION, REM NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Bloomington Bloomington Cem. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Service Westernport Md. Funeral (VR A15 ME (5))

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10=18321	1-	FOR STATE REGISTRAR	DEPART	STATE OF MA MENT OF HEALTH CERTIFICATE	AND MENTAL HYG	REG. N	2 4 2	
0 10321		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
be 3 eath		John	Monroe	Greer	ı, Jr.	Sept. 12	2, 1986	12:43A
pe 4 mo	3. SE	Male	RACE White	July 1	DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE MONTHS DAY	
2 10			b CITIZEN OF WHAT COUNTRY	? 8.		9 BALTIMORE CITY	R COUNTY OF DEATH	
1784/		ountry Georgia	U.S.A.	WIDOWED	DIVORCED	Allegany	County	MD.
	The same	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREI Sacred Heart	NG HOME OR OTHE		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		OF BUSINESS OR
ND 2120 24 heiling in puld be must be		ALRESIDENCE (IF NURSING HOME OR COTATE ISTO COUNTY OF THE			SIDE CITY LIMITS?	130 STREET ADDRESS Rt. 2 Bo	ox 77 26	753
trial ship	M F	ATHER'S NAME		15 MO	THER'S MAIDEN NA	ME		
MAR wed w	1		M. Green	Sr. I	Ellen	L.	Huf:	E LAST
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IMORI on ond on ond medic	(Yes, no or unknown] (IF Yes, Give Y		-4857 Th	nalia K.	Green s	same as 13	3a-e.
ST., BALTI certificate b ng physicio banpapers. r removol. ic event, the		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line or (o), (b), o BY: CAUSE (o)	nd (c).)	Failu	ve.	APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
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equires equires I Then pl	NO.	PART 2. OTHER SIGNIFICANT CO	Bleeding	DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
AL RECOI	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS I	PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
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DING PHYSIC OF attending After this cer to as the burio alth and Ment morked at the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CATION STREET	CITY OR TOV	VN COUNTY	STATE
NDIII		22a.1 certify that (1) (this haspite			. 19.86	, to	19.86	, that (I) (we) lost
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O HOSPITAL (O HOSPITAL (O FUNERAL I Should be deto with the Store I		DR. Paul L	vengood, M.	_	Fort A	shby, W.	est Virg	inia
999999	{	BURIAL, CREMATION, REMOVAL Cremation		NAME OF CEMETER esthaven		23d. tocation ry Freder	ick Frede	rick MD
DHMH-16 60M 1/73	24. FL	NERAL DIRECTOR Leasus	re-Stein Fune	ral Home	InCom	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	ATURE
(VR A 15 (4))	23	30 Baltimore			215025	7 1986	-54	



TO HOSPITAL OF KITENDING PHYSICIAN. The law requires that the death certificate he executed within 24 hours after depthy Tope 4 may be
reflaced by the housited as otherding physicion. TO FONDAL DIRECTOR, After the certificate has been signed by the attending physicion and completely filled in by the tuneral director, page 3 should be detached for our as the bursh on the production of the completely filled by the tuneral director, page 3 which the State Dust of Health and Mental Huganese prior to be bursh or remodely or remodely or remodely or the bursh of Health and Mental Huganese prior to be bursh or remodely or remodely or remodely or remodely or remodely.

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DHMH - 16 60M 7/ (VRA 15, 4)

		FOR			DEPART	MENT OF H	EALTH AND	MENTAL HYG	IENE O		-		d'a	- 2
,		STATE REGISTRAR			WIDDLE		ICATE OF	DEATH	In our or	REG. NO.		DAY	YEAR	
4	(TYPE	CEASED NAME OR PRINT)	FIRST						20 DATE OF	DEATH MO	NIH			2b. HOUR
	3 SE)		HANS0	N 4 RACE	F	GRO:			6 AGE (IN YEA	ARS EAST BIRTHD	AY)	10 IF UNDE	86 RIYEAR	0974
	5 56,	MALE		WHIT	F	MONTH 8		YEAR 13	73			MONTHS	DAYS	HOURS
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2/		MD	ALL	EGANY	CUMBER	LAND	YES [NO X	RT 1	BOX :	299	OLD.	TOWN	MD/21
0//	N. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER	S MAIDEN NA	WE	WIDDLE			LAST	
1111	10		Wesle	v Gross		5.95	III-	Lav	ania Tw	ina				
1		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORM	ANT		ADDRESS				
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DR. V. INES

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DHMH - 16 60M 7/84		UNERAL DIRECTOR	101 =	ADDRESS			TE REC'D. BY REGISTRAR 2	Sh REGISTRAR'S SIC	SNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O - STATE REGISTRAR REG. NO 1. DECEASED NAME 2g. DATE KNOWN 182 (TYPE OR PRINT) Helen OF ESTI-DEATH MATED 4. RACE 5 DATE OF BIRTH AGE (IN YEARS UNDER 24 HRS DATE YEAR PRONOUNCED 30 22 10 86 140 DEAD Ha. BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Allegany Maryland WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Beautician WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE BY IDENCE REFORE ADMISSION) Allegany CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Frostburg Main 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Everline Mary William Gunter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES Jewell Hart 210-01-2329A Mrs. same CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO THE CHOULD BE LANGED ARTMENT CHORTO BUR NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 71d INJURY OCCURRED 218 PLACE OF INJURY (ATHOME. 21f LOCATION AT WORK AT WO STREET, FACTORY, FARM, ETC.1 CITY OR TOWN 220. I certify that I taak charge of the remains described above, held an Autapsy death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME PAGE AFTER BALTIN 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Donate 07/B4 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 57 Frost Ave. **DHMH - 17** (VR A15 ME (5)) Frostburg Md215

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENEO - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH DAY (TYPE OR PRINT) Russell Edward 5:00 HAINES DEATH MATED X SEX 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE LAST BIRTHDAY PRONOUNCED 9/3/86 male white 12-08-1931 DEAD TABIRTHPLACE ISTATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Allegany DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 563 Rose Hill Avenue Cumberland Postmaster Post Office 130. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Allegany Cumberland YES V NO [563 Rose Hill Avenue/21502 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Russell P. Haines Grace G. Jenkins 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Korean 220-26-9953 Mrs. Billie S. Haines, Cumberland, MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Gunshot head wound, self-inflicted IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOXX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING DOR gun-shot wound to head, self-inflicted CONTRIBUTING ACAUSE OF DEATH 21d. INJURY OCCURRED
WHILE NOT WHILE
AT WORK AT WORK 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET FACTORY, FARM, ETC.) home 563 Rose Hill Ave. Cumberland, Allegany MD 220. I certify that I taak charge of the remains described above, held an Suicide XX Undetermined manner death resulted from Natural causes 9/3/86 ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Giovanni Mastrangelo, M.D. 900 Seton Drive, Cumberland, Md. 21502 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 09-08-1986 Arlington National Cem. Arlington 07/84 Arlington 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHMH - 17 James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5)) CEDIA DOU

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S 3 4		BURIAL, CREMATION, F	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATOR	Y 23d LC	CATION		VILALLY	STA
		Burial		Sept	8 1986	Rose Hi	1] Cemetery	Cu	mberlan	d Al.	Legan	y]
	24 F	JNERAL DIRECTOR					25a. D	ATE REC'D. B	Y REGISTRAR 25			

Craig Rotruck 85 S Main St Keyser, WV 26726

STATE OF MARYLAND

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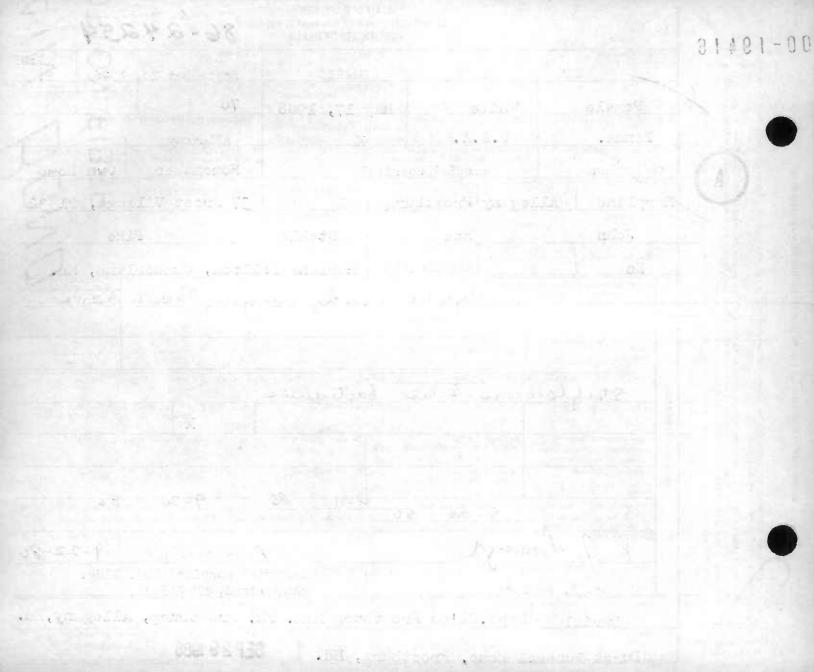
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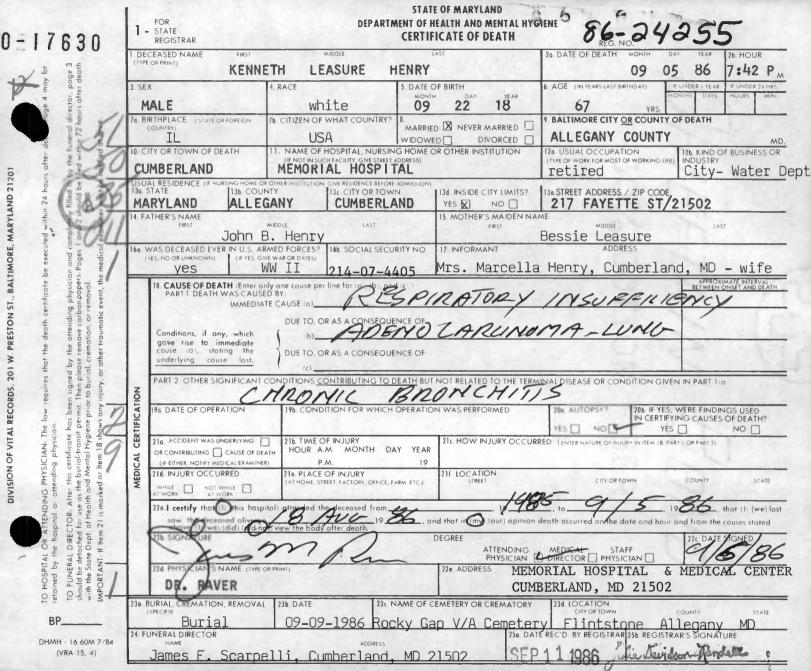
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., I DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certific referenting physician.	d by the ottending phy lease remove carbonoc iol, cremation, or remo or other troumotic even		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost	DUE TO, O	R AS A CONSEQUE		iven	met.	istas	- L Yen
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ICIAN: 9 physic	entification in individual		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A	OF INJURY M. MONTH DA M.	AY YEAR	21t. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	URY IN ITEM TS PART I OR F	PART 2)
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BP_			Burial	, 9/5/1	36 Ga	rrett	Memorial Ga	rds Oakland	Garre	
	- 16 60M 7/84 RA 15 4)		INERAL DIRECTS Chut	W. D.	Mand Ma	rulan		ATE REC'D. BY REGISTRA	25b. REGISTRAR'S S	SIGNATURE

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STATE OF MARYLAND

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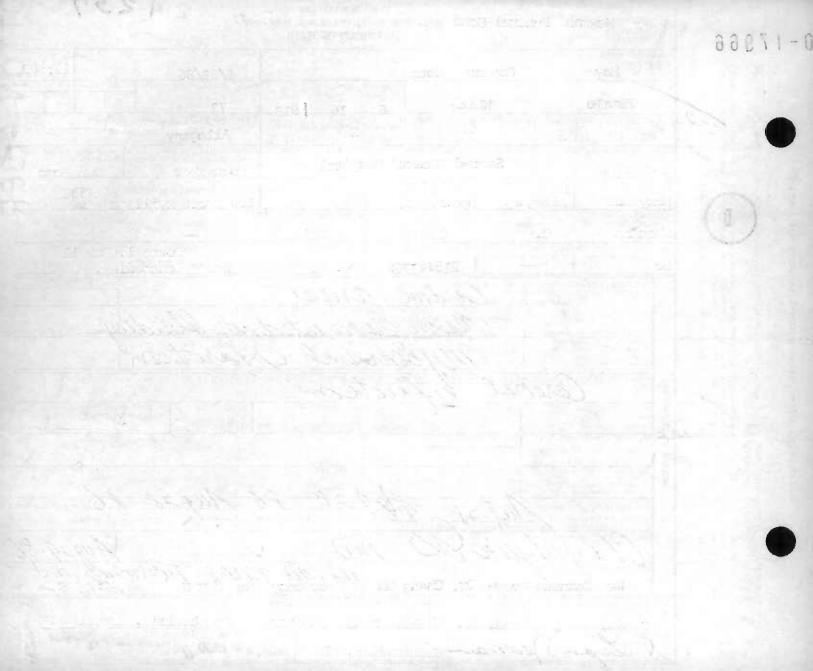


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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			REGISTRAR				CENTIL	ICATE OF DEATH		REG. NO.			
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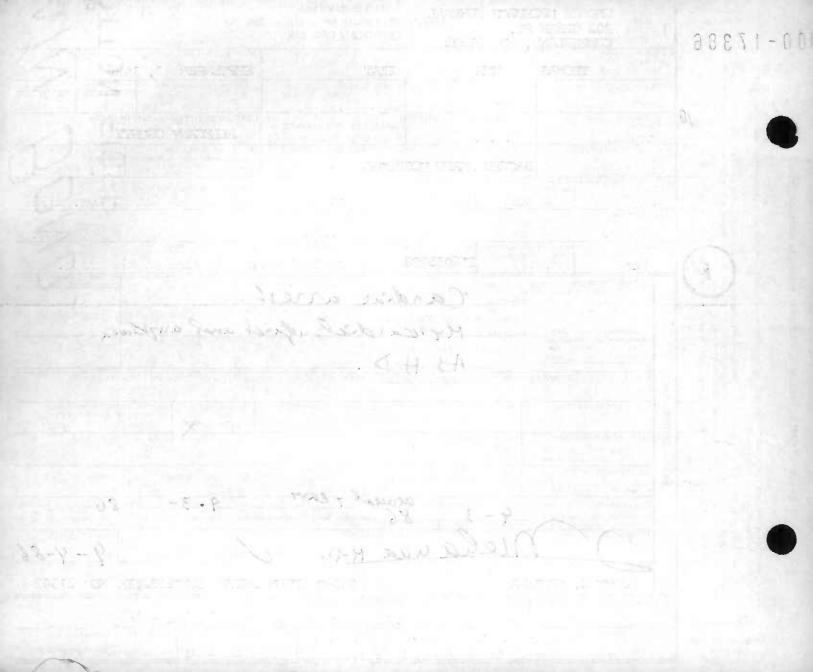
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(VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYOMNE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) MICHAEL. ELWOOD HOLLER August 22, 1986 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHOAY) 3 SEX 4 RACE 08/24 11948 AR Caucasian Male BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MD COUNTRY USA Allegany WIDOWED DIVORCED K D. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OF Type of work for most of working life Tolltaker Turnpike Cumberland Memorial Hospital OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e.STREET ADDRESS / ZIP CODE Bedford PA Hvndman 15545 YES X NO [ATHER'S NAME IS MOTHER'S MAIDEN NAME MIODLE Logsdon Martha Holler Margaret George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 220-52-7520 Margaret M. Holler, Hyndman, PA15545 no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CIKKHEDIS Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse last. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) this hospital) attended the deceased from , and that in fmy lour) opinion death occurred on the date and hour and from the causes stated sow the deceased the on above (1) (well (did that no view the body after dec 226 SIGNATUR MEDICAL STAFF
DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Memorial Hospital Med. Bldg. Dr. Lamm Cumberland, MD 21502 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Hyndman, Bedford, PA 08/125/86 Hyndman Cemetery 15th DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Zeikler, Hyndman, PA (VRA 15, 4)

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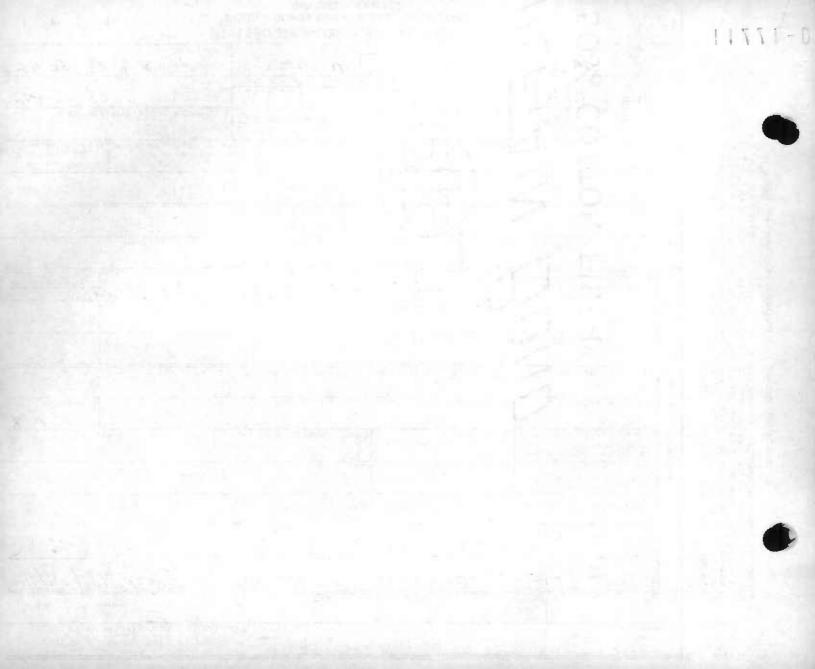


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RY, PLEASE DIRECTOR DUR FILES 72 HOURS	3. SE	MALE PRACE White	S. DATE OF BIRTH HANNTH PEAR FEB 6 1906	6. AGE (IN YEARS IF U	NDER 1 YR. IF UNDER 2		MONTH DAY YEAR 2d. HOUR 8 28 1986 10: Am
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PAGE 5		TY OR TOWN OF DEATH UMBERLAND	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV 821 MEMORIAL	AVE.		120. USUAL OCCUPATION (* FOR MOST OF WORKING LIFE) RETTRED MANAG	TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
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			CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST		2a. DATE OF DE	ATH MONT	H OAY	YEAR	26 HOUR	
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a a	Her o	3. SE			4. RACE		5. DATE (YEAR	6. AGE (IN YEAR	LAST BIRTHOAY)	IF U	NOER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours obtained about the low requires.	ending physici e carbanpaper in, ar remaval. matic event, th		DUE TO, OR SACONSEQUENCE OF Conditions, if ony, which (b) SETWEEN OR CONSEQUENCE OF Conditions, if ony, which (c) CONSEQUENCE OF CONSEQ											SIMATE INTERVAL ONSET AND GEATH	
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Al OR A	O - =	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										22c. DATE	ISIGNED 31/86		
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CERT.# 86-24266



STATE OF MARYLAND

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MALT	sicia	ol.		18. CAUSE OF DEATH (Enter on	ly one couse per	line for (a), (b	, and ici.i	^			DXIMATE INTERVAL
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ESTC	deat	aum aum		Conditions, if any, which	((b)_	11. 0	mone	Edema			
2	the o	ema er fr		gave rise to immediate cause (a), stating the	DUE TO OF	AS A CONSE	OUENCE OF				
3	that by	ol, cr		underlying cause lost.	((c)_	4 4 4	ohvot	elinema			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	gnec	ry, a	_	PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	Ita
200	requ	or to	CERTIFICATION	Anemia . Ex	lin sive	dea	biti.				
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<u> </u>	hysicat ficat	Hygi 18 sh		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF	FINJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
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SIOI	PHY endi	d d b	MEDICAL	21d. INJURY OCCURRED	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFF	ICE, FARM ETC)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
No.	A te	arke		WHILE NOT WHILE AT WORK					~		
	S S	Heal		220. I certify that (1) (this haspi saw the deceased alive on	tal) attended the	deceased fro	om	128,198	6, to 91	8 1986	, that (I) (we) Jost
	Spir	# of to		above, (1) (we) (did no	t) view the body	after death.		d that in (my) (aur) apinion	death occurred on the do	te and hour and from th	e couses stated
	DIR P	Dep F He		22b. SIGNATURE	1	01	_	ATTENDING	MEDICAL STAF	220 A	# SIGNED/
	HAL SAL	t te		224. PHYSICIAN'S NAME LITYPE O	Jamo	Um		PHYSICIAN [DIRECTOR PHYSIC	IAN	1/86
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		OM 7/84	1	HAME PIRECTOR	201	Augge	ta.W.V	SEP 1	8 1986 Fina	256. REGISTRAR'S SIGNA	TURE
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N.	d cor	/~-	16a V	VAS DECEASED EVER I	U.S. AR	MED FORCES?	166. SOCIAL SEC	CURITY NO.	17. INFORMA		ADDRE	SS	THOME	25
WO	puo	medico	(,	res, no or unknown) No	(IF YES, GIV	E WAR OR DATES)	233-96-	4188	Mrs.	Rando1	ph Wolfe, R	t 1 B	ox 15	7
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	requires that the death cert	ior to buriol, cremotion, or y injury, or other troumoti	CERTIFICATION	Conditions, if ony, gove rise to imm cause (o), storing underlying couse	which ediote the lost.	DUE TO, OF	R AS A CONSEQUENCE ON TRIBUTING TO	D DEATH BUT			INAL DISEASE OR CON	DITION GIVEN II		CSLIGED
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17	DHMH · 16	60M 7/84	24 FL	INERAL DIRECTOR			ADDRESS			25e. DATI	E REC'D. BY REGISTRAR		SIGN	PE A SA
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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William G. Kight Cumberland, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 5:30 EVELYN RAWSON LEMMERT 1986 Sept. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX July 21,1906 Female White BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Ohio U.S.A. Allegany CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Homemaker INDUSTRY Memorial Hospital Cumberland Home Own SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 301 Allegany 13d. INSIDE CITY LIMITS? Allegany Maryland Frostburg FATHER'S NAME IS MOTHER'S MAIDEN NAME awson His WAS DECEASED EVER IN U.S. ARMED FORCEST 16h SOCIAL SECURITY NO 17 INFORMANT (16 YES, GIVE WAR DEDATES) Cumberland. METHODOLOGICAL PARENTAL II CAUSE OF DEATH Error only one course per PART I DEATH WAS CAUSED BY Conditions, if any, which CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY AT HOME STREET, FACTORY OFFICE, FARA HO! WHIEL that in (my) (aur) opinion death accurred on the date and hour and from the causes stated DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN / MEDICAL MPORTANT 22e ADDRESS Memorial Hospital Medical Building Dr. T. Williams Cumberland, MD 21502 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Sept. 5:86 Frostburg Mem. Park Frostburg, Ma. STEPREO DY 1988 PAR 25 REGIST HARA SIGNAT RE-CLASS 24. FUNERAL DIRECTOR Durst Funeral Home, Frostburg, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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838	0	1. DECEASED	NAME)	FIRST		WIDDLE			LAST		2	a. DATE OF	KNOWN ESTI-	MONTH	DAY	YEAR	2b. HOUR
	ASE OR. JRS.			JAY		nomas			WIS			DEATH	MATED [O	25	19 86	_ N
3.	IS NECESSARY, PLEASE OF FUNERAL DIRECTOR. 2E 5 FOR YOUR FILES. 1D W PRESTON STREET,	Male	4 RA Whi		5. Date of Birth 7/21/62	YEAR	6. AGE (IN YEA LAST BIRTHDA' 24 YR:	MONTH		HOURS		RONOUN DEAD	ICED	монтн	25	19 86	10:3 PM
-	MERAL FOR Y WITHIN	7ª BIRTHPLA FOREIGN CO Ma			USA	HAT COUN	ITRY?	8. MARRI		VER MARRIE	ED L		ore city of			EATH	MD
	DELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. DREFILED WITHIN Z2 HOURS FOR YOU WE PRESTON STREET.		erland		II. NAME OF HOS (IF NOT IN SUCH FA Memoria	CILITY, GIVES	spital		ER INSTITU	TION	FOR MI	AL OCCUP OST OF WORL pente	ATION (TYP	E OF WORK	12b KII	ND OF BUSTR	Y
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, M		NER'S NAMI	Char	les P. Ko	okes,	M.D.		ADDRESS_				Balto				
07/84	BP 493	230 BURIAL, C	REMATION, urial		36 DATE 3/29/86		name of cem				23d. LOC		Hamps	cou	UNIY	STA	TE
25M	DHMH - 17 (VR A15 ME (5))	24 FUNEDAL	DIRECTOR		H. Berkel					SEP	EC'D. BY F						

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-	OSPITAL OR ATTENDING PHYSICIAN: The low requires that the direct centractes by recoved actual 24 hours after death. Face 4 energy the hospital or ottending physician.	UNERAL DIRECTOR. After this certificate hos been signad by the attending physician and completely litted in by the functional attending to be detected for uses as the burnishing the plane in more carbon appear. Pole 1 and 2 million and Market Havanes and a final plane and market by the complete and the complete an
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A FATHER'S NAME

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2g DATE OF DEATH MIDDLE MONTH 2b. HOUR 09 86 7:40 P.M. Retha M Lewis 06 4 RACE 5 DATE OF BIRTH AGE TIN YEARS LAST BIRTHDAY FUNDER I YEAR white 04-01-1901 85 BIRTHPLACE ATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Allegany WIDOWEDIX DIVORCED LITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland Lions Manor Nursing Home housewife own home UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Allegany 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Cumberland 204 Humbird Street/21502 YES X 15 MOTHER'S MAIDEN NAME Silas Bennett Melinda Ritchey 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT I IF YES, GIVE WAR OR DATEST 220-28-7609 Mr. Ronald L. Lewis, Cumberland, MD - son CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 WA DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2 a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obave, (1) (we) (did) (did not) view the body ofter death DEGREE 22r. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRIN 22e ADDRESS V.A. Ranjithan LIons Manor Nursing Home 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY CITY OF TOWN STATE

Hillcrest Burial Park

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

22b. SIGNATURE

Burial

James F. Scarpelli, Cumberland, MD 21502

09-10-1986

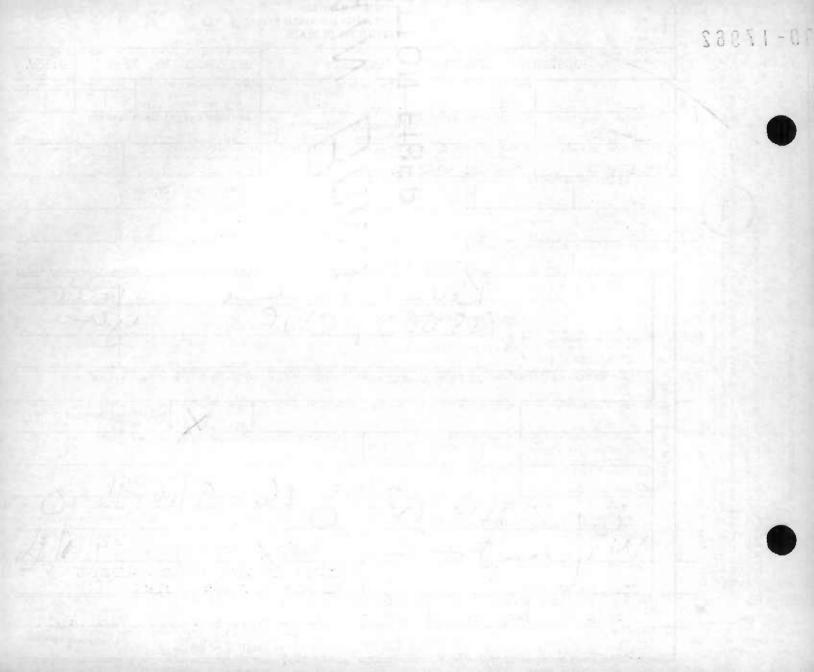
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EXAMINER: CERTIFICATION LID BE FOR SOME OF SOM		death resulted from: A Natural causes . Accident ., Suicide ., Hamicide . Undetermined manner .,	1-11
EXAMINE CERTIFICATION OF THE CONTRACTOR OF THE C		ACTUAL THE ISPECIAL DATE	9/10/10
SHE SHE		SIGNATURE M.D. MEDICAL EXAMINER SIGN	ED / / / /
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAGE DEATH, WITH THE ST.	2	EXAMINER'S NAME Francisco Peyes ADDRESS 900 Seton Dr. Cumber	land, Md. 2150
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VD 2120	11/20	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE MARYLAND ALLEGANY CUMBERLAND 134. INSIDE CITY LIMITS? YES X NO 526 RIEHL AVE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B	equires that the deoth certificate be signed by the attending physicio. Then please remove carbon papers to buriol, cremation, or removal. injury, or other traumatic event, the	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0.
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•	pital TTEN TOR: for us of He	22a. I certify that (I) (this hospital) at add the said that and that if (my) our) opinion death occurred on the date and hour and from the causes stated above. (I) we lightly residual that were the pool after death.
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	DHMH - 16 60M 7/84 (VRA 15, 4)	FUNERAL DIRECTOR ADDRESS SILCOX-MERRITT FUNERAL HOME CUMBERLAND MARYLAND SEP 15 1986



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STATE OF MARYLAND

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James F. Scarpelli, Cumberland, MD 21502

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

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12b. KIND OF BUSINESS OR

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LAST

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IF UNDER I YEAR

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COUNTY

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IF UNDER 24 HRS

FOR - STATE

REGISTRAR

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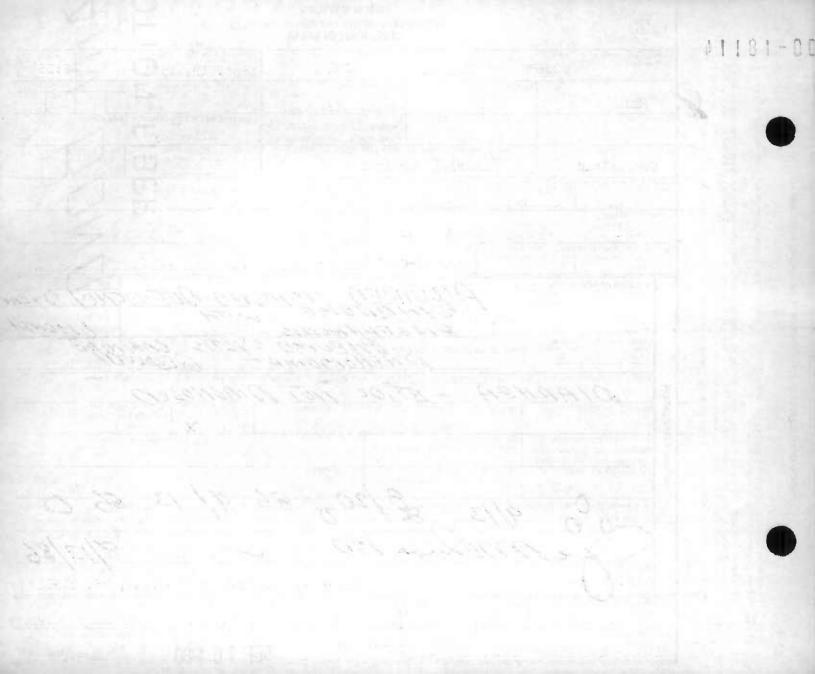
DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



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STATE OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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6	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY	GIENE O REG. N	€ia NO.		ì
1		CEASED NAME FIRST OR PRINT!	TH	MIDDLE		RTTN	20. DATE OF DEATH August 3			9:30 4 M
1	. SEX		14 RACE		5 DATE C		6. AGE (IN YEARS LAST BE		UNDERTYEAR	IF UNDER 24 HRS
		Female	Whit			11, DAY 1896 EAR	90	YRS	ONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN COUNTRY) Carolina	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	MD.
)		ty or town of death berland	(IF NOT IN SU	CH FACILITY, GIVE STREET	DORESS	Hosp. & Med.	12a USUAL OCCUPAT HYPE OF WORK FOR MOST Retired	TON OF WORKING LIFE)	12b. KIND O INDUSTRY Chool	F BUSINESS OR Teacher
2	130 S Ma		or other institution UNITY Legany	GIVE RESIDENCE BEFORE 13. CITY OR TOW Cumberla	nd	Cher 13d Inside City Limits? YES NO 15	13e.STREET ADDRESS 338 Creel		215 Route	200
)	14 FA	James R. I	ittlejoh	n		15. MOTHER'S MAIDEN NA	oara Gaudio	ck	LAS	
	160 V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR			
-1	no	VAS DECEASED EVER IN U.S. VES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	579-36-2	2744	Margaret E.	Chonko, Cui	mberlan	d, Md.	Raughter
3		18 CAUSE OF DEATH (Enter	only one couse pe						APPROXI BETWEEN C	MATE INTERVAL
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	ISED BY:	CARDU	10	ARREST			IMM	
10 march 10		Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost	(c)_	CS ROUAT OR AS A CONSEQUE ONTRIBUTING TO E	NCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR COM	ndition give	N IN PART 110	
-	ION	CONSEST	UE H	TAKE	FAIL					
1	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	?00 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	OF DEATH?
7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	RI I OR PART 2)	
1	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE F		211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		220.1 certify that (1) (this has sow the deceased alive obovy, (1) (we) (did) did	on 8 - 3	30 19	86,	nd that in (our) opinion	deoth occurred on the c	date and hour	and from the	tho (1) (we) lost
		22b. SIGNATURE	an	hem	W		MEDICAL STA	AFF ICIAN [22c. DATE	31-86
		Dr. T. Willia	ms			Med. Bldg, C Memorial Av	e. Cumberl			
		Burial, Cremation, Remov	236. DATE 9-4-1	-01		Cemetery OR CREMATORY	Cowpen		COUNTY	STATE
	24 FU	NAME James F.	Scarpell	i,Cumberl	and,	id.	0 4 1986	Julia So		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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0 1	0 2 4			CEASED NAME MO	Ily Vi	MIDDLE .	- road	AST		2a. DATE OF DEATH		2b. HOUR
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	may be page er deat		3. SE	X	4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTH	IF UNDER 1 YEAR	
	4 9	11		Female	White		June		1918	68	MONTHS DAYS	HOURS MIN.
-	Page 4	2	7n. Bi	RTHPLACE (STATE OR FO	DREIGN 7b. CITIZEN OF	WHAT COUNTRY?	8			9. BALTIMORE CITY OF	YRS. COUNTY OF DEATH	
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21.2	hau l	97	USU.	AL RESIDENCE (IF NURSIN	NG HOME OR OTHER INSTITUTION	13c. CITY OR TOWN	ADMISSION)	A 104 IN ICIDE CI	TVALLETCA	12 CERET ADDRESS /	ZID CODE	ann
2	24 filled auld	Sol	1	Pa.	Fayette	Dunbar	•	13d INSIDE CI	NO X	RD#2 Hard	v Hill	1999
YLA	tely 2 sh	ZIN.	14. F/	THER'S NAME			~	15. MOTHER'S		ΛE		
MAR	w pa and	SAL	7	James	Blaine	Howard		Ro	xie	Pearle	Bal	dwin
Ä	d co	ico		VAS DECEASED EVER II	U.S. ARMED FORCES?	16b. SOCIAL SECUR	RITY NO.	17 INFORMAL	VT	ADDRES	SS	
INO INO	Page .	a C		No	(IF TES. GIVE WAR ON DATES)	189-20-9	860	Donald	I. Man	tin Rt.#3	Cumberland,	Md. 21502
BALT	ote b	t, th		18 CAUSE OF DEATH	(Enter only one cause pe	r line far (a), (b), and	ica. V		A. 5	. +	APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH
1.	rtific phy anpo	emo			AS CAUSED BY: MMEDIATE CAUSE (a)	acil	M		4 L	· wu	an tuse	•
N	h ce iding arbc	or re office		18-22-37	DUE TO C	OR AS A CONSEQUE	NCE de	1.		1	axilla	
PRESTON	death ottendi	aum aum		Conditions, if any,	which ((b)_		11		ing	+ un	- MA JUG	
9	the the	emo er tr		gave rise to imme cause (a), stating	the DUE TO. C	OR AS A CONSEQUE	NCE OF		J			
3	thot t by	roth roth		underlying cause	last. (c)							
5, 201	Jires Igne en pl	Jry, o	7	PART 2. OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1	101
RECORDS	required s	or in y	CERTIFICATION		The same					To the second		
REC	law so be ermi	s on	FIGA	19a. DATE OF OPERATI	ON 196. CONE	ITION FOR WHICH (OPERATIO	N WAS PERFOI	RMED	20a AUTOPSY?	20b. IF YES, WERE FIND CERTIFYING CAUSE	S OF DEATH?
AL	The icion te ha	S S	E	21g, ACCIDENT WAS UNDE	RLYING [] 21b. TIME (DE INTITION		Tale HOW/IN	ILIDY OCCUPI	YES NO NO	YES 🗌	NO 🗌
DIVISION OF VIT	phys ifico	18 P	_	OR CONTRIBUTING CA	110110	.M. MONTH DA	Y YEAR	ZIL HOW IN.	IORT OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
O Z	U _ = a	Hent	MEDICAL	(IF EITHER, NOTIFY MEDICA		.M.	19	211 LOCATIO	N			
Sio	PHYSI rending this ce he buri	200	WED	21d INJURY OCCURRE	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	STREET	N	CITY OF TOW	COUNTY	STATE
<u>≥</u>	NO Affer	Ith a		AT WORK AT WORK		,	-0	1/11	CI.	91	111 61	
	al al a	is n		22a I certify that (I) (saw the deceased	this haspital) arended	he deceased fram	1	-	. 19	, to	19 19	that (1) (we) last
	ATT Sprit SCTC d for	1. of n 2.1		abave, (I) (we) (di	d) (did nat) view the bad	after death.			aur) opinian (death accurred on the dat		
	OR he h	Pep F he		22b. SIGNATURE	1 / 11.	7.		DEGREE	TTENDING	MEDICAL STAFF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E SIGNED
	TAL by th RAL det	Z		22d PHYSICIAN'S NA/	-011	w. a	M	P	HYSICIAN [110/66
	OSP ed b	Who the Store Stor						22e ADDRESS				
- 1	Hour Front	W PO			SPINA, MD					IVE, CUMBER	LAND, MD 215	02
AU	4447			BURIAL, CREMATION, R				EMETERY OR C		23d. LOCATION	COUNTY	STATE
71	/ BP //	- 13	24 5	Burial	pept 1			ourn Cer		Dunbar	Fayette	Penna
	DHMH - 16 60			UNERAL DIRECTOR				ur St.	Zog. DAT	REC D. BY REGISTRAR 2	SB. REGISTRAR'S SIGNA	TURE
	(VRA 15,	4)	5	licox-Merri	tt Funeral :	Ser. Cumbe	erland	d. Md.				

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1:281-3

James F. Scarpelli Cumberland

(VRA 15, 4)

-18244	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 5 2	4234
		DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	PAY YEAR 26 HOUR
poge 3	(1	PPE OR PRINT) Cli	nton F McKe	nzie	9/13/86	3:59a "
ao)	1 1	SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		IE UNDER TYEAR IF UNDER 24 HRS
ge 4	5L	ma 1 e	white	8/ 13/ 07	79 YRS.	DATS HOOKS MIN.
h. Pog	200	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
death.	0	Maryland	USA	WIDOWED DIVORCED	Allegany Co	M
offer ad with	-/ 1°	rostartburg MD	(IF NOT IN SUCH EACILITY, GIVE STREET		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	
n by	(1)	LIAL RESIDENCE (IE NURSING HOME)	Frostburg Commu	nity Hospital	Electrician	Textile
filled i	5 13	i. STATE 13b. COL	legany 13c CITY OR TOW	N 113d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 2	1532
引 郭八訂	171	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME MIDDLE	LAST
A STATE	0	Noah	Mc Kenzi	ie Inez	Minn	
yecu ges	160	(YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17. INFORMANT	ADDRESS	
Po o e	1 L	No	214-07-	0502 Lillie L.	Mc Kenzie, Sam	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tow requires that the death certification is been signed by the otherding primit. Then places remove contour, prior to burief, cremation, or semi-	NO TABLE CATION	Conditions, if ony, which gove rise to immediate cause (a), staffing the underlying cause last PART 2 OTHER SIGNIFICANT	ceptopathy.	ENCE OF DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE 11 TUS ALZIE 1200 AUTOPSY? TO FYES.	
the house	즤				YES NOW YES	NO 🗌
NA STATE				AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
SS 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	7 3	(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M. 21e: PLACE OF INJURY	19 211. LOCATION		
G PH1 artend ner this s the b	1 24	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
A TO SEE OF SEE		220.1 certify that (I) (this has	pital) attended the deceased from	SEPT 12 19 80	10 SGPT 13	19 86, that (I) (we) las
910 910 910 12 12		saw the deceased alive a	on 3GPT 12 19 19 19	86, and that in (my) (aur) opinion	death accurred on the date and hour	
to 06 A the house of DIREC enterhed the Dept of If them		22b. SIGNATURE	have M.D	DEGREE ATTENDING PHYSICIAN	MÉDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 9/14/0/
HOSPITA HUNERA HUNERA HIGHE A	7	22d PHYSICIAN'S NAME TYPE	OR PRHAT	22e ADDRESS	S DINECTON C THIS COLOR	1/1-1/00
P HOS		Dr. S. Chang		Frostburg P	lazam, Frostburg 1	MD
日日 日本3 3c	23	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		Burial	Sept.15'86 Mt	. Zion Cemetery	Garrett Coun	ty, Md. STATE
DHMH - 16 60M 7/B		FUNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 25b. REGISTR	RAR'S SIGNATURE
(VRA 15, 4)		Durst Fune	ral Home, Fros	stburg, Md. cr	1 8 1006 1 Km	A 72.

1 11 11 / 1	1 05		ourg, Md. 21532		ICATE OF DEATH	REG. NO		WELD	
10021		CEASED NAME FIRST OR PRINT)	Matthew	McMoi		20. DATE OF DEATH M			2b. HOUR
deoge 3		James				September	16,	1986	03:05AM
offer p	3 SE		4. RACE	MONT		6. AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	HOURS MIN.
Sin W	/	Male	White	Mar	ch 23,1929	57	YRS.		
2 Po		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR		FDEATH	
1		Maryland TY OR TOWN OF DEATH	U.S.A.	WIDOW		Allegany (101 1010 00	MD. BUSINESS OR
		Cumberland	Sacred Hear	HOSPI	tal	Opticia	WORKING LIFE)	industry Eye	_
35	13a. S	STATE 13h COUR	ROTHER INSTITUTION GIVE RESIDENCE BEI	NWO	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	zip CODE nd St	. 21	532
义扩大	14. F.A	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		(AST	
37 30		Thomas G	Mc Morr	an	Margar		Ev	ans	
Jicol /		VAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRES	S		
1			ean 220324	328	Elizabeth	Mc Morran.	Same	98]	30
100		18 CAUSE OF DEATH (Enter of	nly one couse per line for (o), (b), ED BY:	and (C1.)	0		- Salara		MATE INTERVAL
			TE CAUSE (0) Card	rac	(enest				
80 6			DUE TO, OR AS A CONSES	QUENCE OF	A 1			N	
emave mation r traun		Conditions, if any, which gove rise to immediate	(b) Venle	realer	Cachycu	relice			
rem rem	- 83	couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEC	UENCE OF	1. 8-	7		1	
or of			(c) (C)	enau	Heart.	Visione			
o bui	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN	IN PART 110	
prior t	ATIC	190 DATE OF OPERATION	196. CONDITION FOR WHI	HOPERATIO	N WAS PERFORMED	20g AUTOPSY?	20h IF YES V	VERE FINDIN	GSTISED
ne per	FIC	The Date of Stemmon			THE PERIOD OF TH	YES TO NOT		NG CAUSES	
= = =	CERTIFICATION	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR			I OR PART 2)	NO [
100		OR CONTRIBUTING CAUSE OF DE	AIR .	DAY YEAR					
he burial-transard Mental Hysed On them 18 s	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211. LOCATION				
the ond	N.	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFI	E, FARM, ETC)	STREET	CITY OR TOW	N	COUNTY	STATE
marl marl			nital) attended the deceased from	9	113 19 86	9/10	0 19	86	hat (I) (we) last
or us of He 21 is			n19	4// 1	nd that in (my) (our) opinion	death occurred on the dat	e and hour a	nd from the c	ouses stated
		22b. SIGNATURE	of wearing body offer death.		DEGREE			22c DATE S	SIGNED
ppt.		CJ.Vu	ucous (mD.	ATTENDING PHYSICIAN	MEDICAL STAFF	ANI		
					22e ADDRESS	PHYSICI	K14 []		
be detached State Dept. 'ANT: If Item		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)						
Z det		Dr. Clarence			909-B Seton	Drive Cumbe	erland	Md.	21502
Z det	23a E	Dr. Clarenc	ce Vincent	C. NAME OF		Drive Cumber	erland	, Md.	21502
TO FUNERAL DIREC should be derached with the State Dept. [MPORTAN]: if them	23a E	Dr. Clarence BURIAL, CREMATION, REMOVAL SPECERY	ce Vincent		EMETERY OR CREMATORY	23d. LOCATION	C	OUNTY	STATE
		Dr. Clarence	ce Vincent		emetery or crematory arg Mem. Par	23d. LOCATION CITY OR TOWN THE FROST BUT REC'D. BY REGISTRAR 2:	rg, A	ounty 11ega	ny, Md.

STATE OF MARYLAND

Durst Funeral Home

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MPORTANT: If Item 21 is morked or Item 18 shows ony

24 FUNERAL DIRECTOR

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FOR STATE

STATE OF MARYLAND

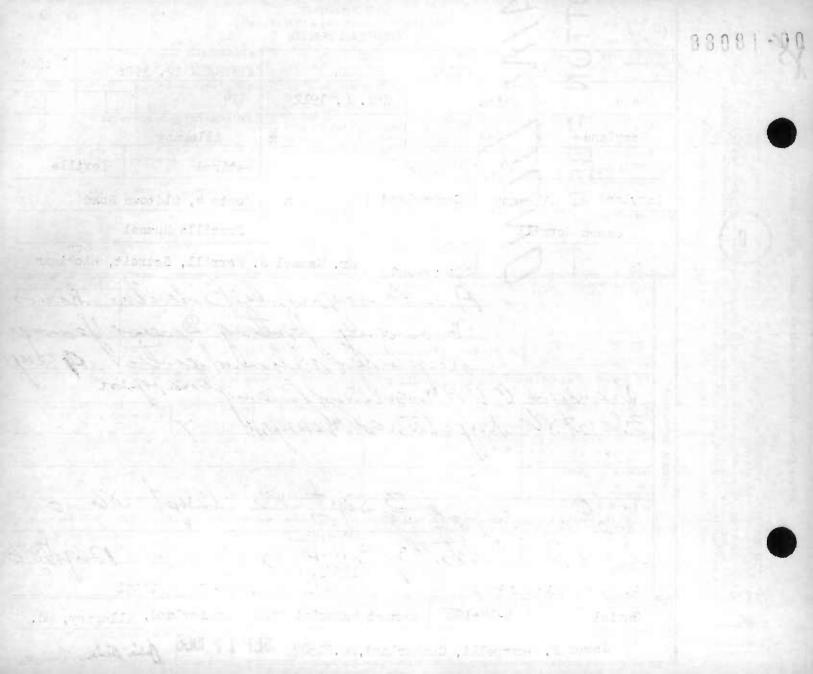
James F. Scarpelli, Cumberland, Md. 21502

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTII	ICATE OF DEATH	REG	. NO.		
1. DECEASED NAME	FIRST	A	AIDDLE	i	AST	20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	SAMUEI		ELIAS	ME	ERRILL	SEPTEMBER	12, 1	986	10:50A
3 SEX	4	RACE		5. DATE C		6. AGE LIN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	
Male	445	White		AUE	6. 6,0 AV 1912 EAR	74	YRS.	MONTHS DAYS	HOURS MIN.
G. BIRTHPLACE (STATE	OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
Maryland	1	USA		WIDOWE	v	Alle	gany		MD
ID CITY OR TOWN OF	DEATH 1	1. NAME OF H	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP	PATION	12b. KIND	OF BUSINESS OR
CUMBERLAND		IEMORIA	L HOSPIT	AL		Retired	STOF WORKING	INDUSTRY Tex	tile
USUAL RESIDENCE (IF N	13b. COUNT	Υ	13c. CITY OR TOY Cumber		13d. INSIDE CITY LIMITS?	Route 4,	SS / ZIP COI	DE A	502
Maryland	All	egany	Cumber	Tand	YES NO		Oldto	wn Road	
14. FATHER'S NAME	36 8 ^M	POLE	LAST		15. MOTHER'S MAIDEN NA FIRST	ME Drucill	E TT.	-1	AST
James	s Merri	r.T							
160 WAS DECEASED EV		ED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT		DRESS		on
No			214-07-	6886	Mr. Samuel I	R. Merrill	., Detr	oit, Mi	chigan
18 CAUSE OF DE	ATH (Enter only	one couse per	line for (a), (b), a	0000		1 // 1	1	APPRO BETWEEN	XIMATE INTERVAL
PART I. DE ATH	WAS CAUSED	BY:	A ni	10-	mular.	Vient	lens	cen	Reces
F DE DE	IMMEDIATE	CAUSE (o)	100	9	1	1 4	10,00	ZAL	The state of
		DUE TO, OF	AND CONSECU	UENCE OF	1. 11.7	10.09	+ .	11	
Conditions, if a		(b)	Lane	na,	ne pour	and t	1000	of U	2000
couse (o), ste	oting the	DUE TO, OF	AS A COMSECU	UENCE OF	1000	1.1	7	- /	not.
Underlying Co	use lost.	(c)	Aug	rue,	sof stelle	no rela	ande	eV 1	cy crea
PART 2/9 THER S	IGNIFICANT CO	ONDITIONS CO	MTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	SNOILIGNS	PART I	6
OERTIFICATION OF THE DATE OF OLE	wus	100	144	word	ensed licit	muy			
ME DATE OLOPE	RATION	In CONB	TION FOR WHIC	M OPERATIO	N WAS BEST OF MED	78g AUTOPSYT	2010 E Y	ES, WERE FIND IFYING CAUSE	INGS USED
1 Ser	2786	1 Ki	WE	40	Lours	MS NOT		YES []	NO []
21a. ACCIDENTAL	undertring []	216 TIME O			TIL HOW INJURY OF CUR	RED (INTERNATURE OF	NUMBER OF STEAL OF	FART LOREART DE	
Composition of the Co.		HOUR A	W. MONTH		/				
THE PLUM BOTTON OCC		21e PLACE O	OF INJURY	19	711 LOCATION				
WHILE SET NO.		(ATHOME STR	EEL FACTORY, OFFICE	PANN ETC.)	SOME	CHYC	MIDWN /	COUNTY	STARK.
-		D. Mary Ival Al		3	Sent 10 81	151	ont	8/2	
220.1 certify that					nd that in my (our) opinion	dooth occurred as the			, that (we) lost
obove N we	eosed alive on_ o) did did not	view the body	of a deoth	1	id ind inginity (our common	deoin occorred on in	yaore ana na	The second second	
226 SIGNATURE	-11/1/	M.	1111	1.	DECTRE	MEDICAL S	STAFF	72L DATE	ESIGNEDA
1/ne	1111	XIII	Coyla	20	2 WISICIAN B	DIRECTOR PH	SICIAN	12	Acko 0
22d. PHYSICIAN'S	NAME (TYPE OR	RINT)		/	2122D SS CENTE	RE ST.			1
DR. F. V	V. MILTI	ENBERGE	R		CUMBERLAND,	MARYLAND	21	502	V
230. BURIAL, CREMATIC		23h DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
(SPEC Burial		9-14-	-1986	Sunset	Memorial Par	k Cumbe	rland,	Allega	nv. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



000	17798	1 -	FOR SCARPELL STATE REGISTRAR 108 VA	I FUNERAL .AVE.CUMBE	HOMEDEPA ERLAND,	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	28/		
	4 19		CEASED NAME FIRS		MIDDLE	NIXC	nst N	20. DATE OF DEATH MONTH DESEPTEMBER 3,1986	20 1100K	IP M	
	1	3. SE		4. RACE		5. DATE C			FUNDER I YEAR IF UNDER 24 F	HRS.	
	(8)		female	white			3-10-1913 YEAR	73 yrs.			
	1465	70. BIRTHPLACE (STATE ORFOREIGN MD) 10 CITY OR TOWN OF DEATH Cumberland		USA	11. NAME OF HOSPITAL, NURSING		DI DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY MD. 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Teacher **COUNTY MD. 1126. KIND OF BUSINESS OR INDUSTRY SCHOOL			
201	by the tried will be softlined.			(IF NOT INSIA							
AND 21	in 24 hour y filled in hoofd be			ome or other institution county Allegany		rown erland	13d. INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / ZIP CODE 405 Seymour St	reet/21502		
N OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	ompletely fine 2 s		THER'S NAME Ira Dene				15. MOTHER'S MAIDEN NA FIRST Rebe	ecca Mann			
	be execution on the control of the c		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) {IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	VE WAR OR DATES) DOOT EE ETO			Nixon, Cumberlan	d, MD- husba		
	equires that the death certil n signed by the attending p Then please remove carbon to burial, cremation, ar rem injury, ar other traumatic ev	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSE OBY: IMMEDIATE CAUSE (a) Concho - Kesmina Archive Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELABED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO:								
	The law right		19a DATE OF OPERATION			HICH OPERATIO	N WAS PERFORMED	YES NO YES		?	
	SICIAN, ng phyrid certificat priolitism entol thys		210, ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX-	OF DEATH HOUR A	.m. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	(T I OR PART 2)		
DIVISION OF	offer the board M ond M	MED	21d. INJURY OCCURRED WHILE NOT WHILE [AT WORK [CAT HOME ST	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	TE	
	ATTENDI mpitol or CTOR A 11or use of Heal		220.1 certify that (1) (this haspital) attended the deceased fram								
	ral OR y the he he best DIRE deritches deritches and T. F. Nerr T.		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D								
	terned by O FUNES heads be at the 5s			MAN, M.D.			MEMORIAL MED	ICAL BLDG, CUMBER	LAND, MD. 2	1502	
	BP		236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN OP-06-1986 Davis Memorial Cem. 23d LOCATION CITY OR TOWN CUMBERLAND Allegany MD								
	DHMH - 16 60M 7/84 (VRA 15, 4)		James F. Scarpelli, Cumberland, MD 21502 SEP 08 1986 James F. Scarpelli, Cumberland, MD 21502								

9-21-86 THE OLD SERVIN DUTINESS BURED AND AND AND . V. 1.319.1. 198 9. Jul. 25, 1300 1000 ac em. Parters Isimis fareni . a fil are con- clemite where i so controls, m. d.

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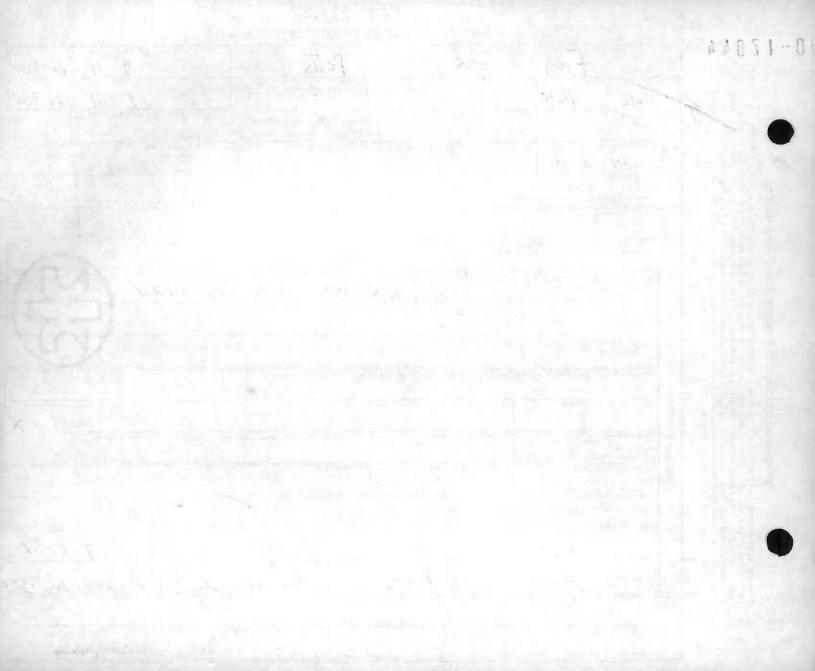
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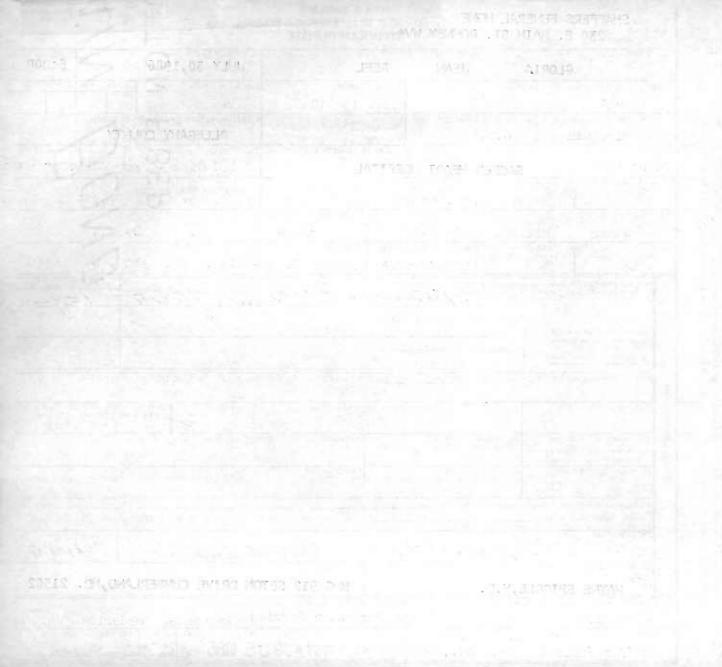
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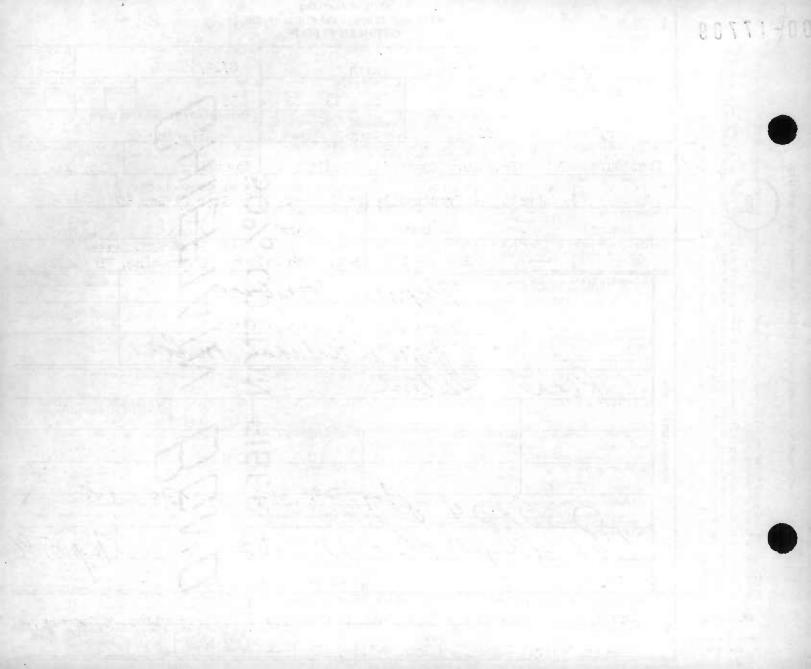
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN DE LTYPE CHIPPING OF ESTI DEATH MATED 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHOAY PRONOUNCED DEAD 192 THPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY ALLEGANY DIVORCED WIDOWED MARYI AND D. GITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFET OR INDUSTRY RETIRED CITY FIREMAN SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 482 BALTIMORE AVE 14 FATHER'S NAME MIDOLE COUSIE SHIPLEY ODA 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) I FE YES. GIVE WAR OR DATEST 482 BALTIMORE AVE CUMBERT AND WW 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNEB SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autopsy ond in my opinian Inspection Natural causes death resulted fram Homicide Undetermined monner **ACTUAL** SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND MD (VR A15 ME (5))



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24 FUNERAL DIRECTOR Keith S. Shaffer NAME Shaffer Funeral Home, Inc., Romney, WV 26757 AUG 05 1986	E DHWH - 10 00M 7784			mnev l				URE			





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DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 202 Greene Street-Cumberland, Maryland 21502

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 0 - 17631CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINT) WILLIAM PAULROSSKAMP September 6, 1986 6. AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5 DATE OF BIRTH IF UNDER I YEAR 3. SEX MONTH 06-17-1916 male white BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? (STATE OF FOREIGN MARRIED NEVER MARRIED Allegany WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Glass Industries (TYPE OF WORK FOR MOST OF WORKING LIFE) Cumberland Memorial Hospital Ret. Boiler Operator USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
131. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Mineral Box 305/26719 Fort Ashby 15 MOTHER'S MAIDEN NAME I FATHER'S NAME MIDDLE LAST William A. Rosskamp Mary A. Putz WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO 180-01-1864 No Rosskamp, Fort Ashby, WV-wife APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: HOLIYS. IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION elycardia. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 124 | certify that (1) (this haspital) attended the deceased fram. and that in (my) (aur) opinion death accurred on the date and have and from the causes stated iaw the deceased olive an_ abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED STAFF ATTENDING MEDICAL 9-6-86 PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME OF PRINT 22e ADDRESS 69 Greene Street Dr. Gupta Cumberland, MD 21502 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY (SPECIFY) Burial Sunset Memorial Park Cumberland Allegany 24 FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, MD 21502

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)		Durst F un	eral Ho	me, Fros	tbur		SEP 1 8 1986	1. 324 WAY	

STATE OF MARYLAND

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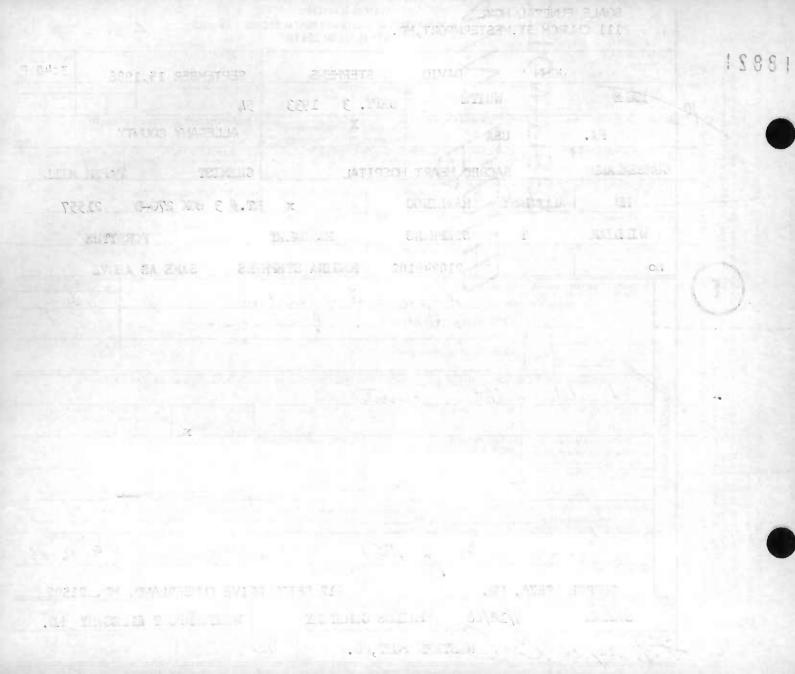
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STATE OF MARYLAND

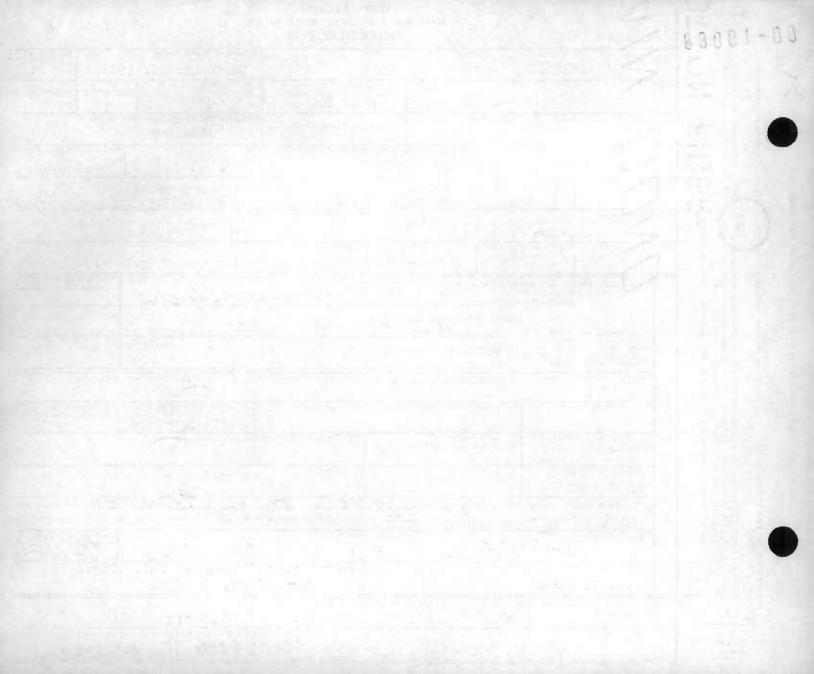
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE KNOWN (TYPE OF PRINT) OF DEATH MATED Stubblefield Leo Martin .19 86 4 RACE DATE LAST BIRTHDAY) MONTHS PRONOUNCED Sept. 10,1907 7 8YRS DEAD White Sept. Male 76. CITIZEN OF WHAT COUNTRY? LA BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. WIDOWED DIVORCED Maryland Allegany ID CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Memorial Hospital Cumberland Printer Printing ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Cumberland 21502 YES 52 NO [Valley St. #1 Marvland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Stubblefield "unknown" Martin Molly Samuel C. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 214-05-5332A Helen S. Stubblefield same as 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Myocardial Infarction IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Arteriosclerotic Heart Disease gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO V NER: THIS CATE, WRITING THE WO-FORWARDED TO THE TOR: PAGE 3 SHOULD BE THE STATE DEPARTMENT AND, 21201 PRIOR TO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREE CITY OR TOWN COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STABLE BARTIMORE, MARYLAND, 2 InspectionXX 22a I certify that I took charge of the remains described above, held an Undetermined monner TITLE (SPECIFY) DATE Deputy 9/4/86 EXAMINER'S NAME Giovanni Mastrangelo. 900 Seton Drive, Cumberland, Md. TYPE OR PRINT **ADDRESS** 234 LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Cremation 9/5/86 Resthaven Crematory Frederick Frederick MD 07/84 BP. 25M 250. DATE RECD. BY REGISTRAN'S SIGNATURE Leasure-Stein Funeral Home **DHMH - 17** (VR A15 ME (5)) 230 Baltimore Ave. Cumberland. MD 21502

Controll - e.



FROSTBURG

(VRA 15, 4)

STATE OF MARYLAND

13000

James F. Scarpelli, Cumberland, MD 21502

FOR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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			24 FL	NERAL DIRECTOR	1-1	100.000	TE REC'D. BY REGISTRAR 25	B. REGISTRAR'S SIGNATURE
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		22b. SIGNATURE	OB.	llino		1	~ ~		MEDICAL ST	AFF SICIAN [226.	9	SIGNED P	6	
			Dr. A.	Bollin			22e ADDRES	955 Cumb	Frederick erland, MI	Stre 215	et 02				
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DHMH - 16 60M 7/84 (VRA 15, 4)

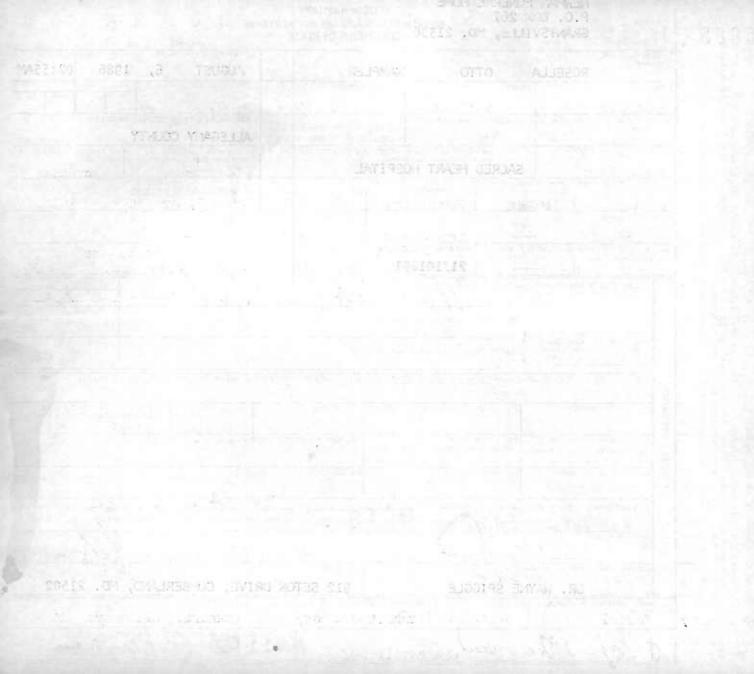
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IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the medical

James F. Scarpelli, Cumberland, MD 21502

\$EP 1.5 1986 Julie Tevidson Bonders

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-	5885		1-	FOR STATE REGISTRAR	ANTSV	ILLE, M	D. 21	PARTME 36	CERTIF	EALTH AND MENTAL HY CATE OF DEATH	GIENE O C	G. NO.	d big e	, 0 0
**	m F	ì		CEASED NAME	FIRST		MIDDLE			NST .	2a. DATE OF DEA		DAY YEAR	2b. HOUR
,	page 3			RO:	SELLA	OT	ТО	\	WAMPL	.ER	AUGUST		1986	02:55AM
			3. SE	X	1	4. RACE			S. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	R IF UNDER 24 HRS
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	h. Po	1	7a. B	RTHPLACE (STATE OR FO	REIGN 7	b. CITIZEN OF	WHAT COU	NTRY?	MARRIED X NEVER MARRIED		9 BALTIMORE C	_		
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1	c .E	1			Allec	any	Fros	tbur	g,	YES NO X	Route 3	, Box 2	295	21532
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	onthe the the the	- 1	W	WHILE NOT WHILE	E 🗌	(AT HOME, STE	REET, FACTORY, O	OFFICE, FAR	M, ETC.)	STREET	CITY	OR TOWN	COUNTY	STATE
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1	ortol for u of He	- 4		sow the deceased above, (1) (we) (di	olive on_	Hux	5	1908	2/1.00	d that in (my) (aur) apinio	death occurred on	dote and h		
	or A DIRECTOR DIRECTOR DEPT.			22b. SIGNATURE		The state of the s	oner decin		U	DEGREE			Q DAI	Z'SIGNED
				1	1	-	0	2	25	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [96/8	26
	HOSPITAL ined by the FUNERAL old be deta the State ORTANT:	1		22d. PHYSICIAN'S NA	ME (TYPE OF	4///	9			22e ADDRESS			17	
		/		DR	. WAY	NE SPI	GGLE			912 SETON	DRIVE, CUI	BERLAN	D, MD. 1	21502
	Of of Orking		23a 8	SURIAL, CREMATION, R		23b. DATE		23c NA	ME OF C	METERY OR CREMATORY	23d. LOCATION	1		
	BP			Burial		8/8/3	1986	Eck	hart	Cemetery	Eckhar	t, Al	legany,	MD ^{STATE}
	DHMH - 16 60M 7/8	84	24 F	JUNERAL DIRECTOR	· X7-	Sec. You	1	DRESS		25a. DA	TE REC'D BY REGIS	TRAR 25b. REG	ISTRAR'S SIGNA	
	(VRA 15, 4)		1	Offen	Uge	uma			ille	MD AUG	1 1 1999	Julia Do	Sarger Son Con	deals '



CERT. # 86 22 See Oct. 86 86-27244



30=6070	.	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		4370
051978	1	DECEASED NAME FIRST	WIDDIE	LAST	REG. NO.	AY YEAR Zb. HOUR
7 25		DR. SAVI				77.454
toy by pope 3	3		1. RACE	WEISMAN 15. DATE OF BIRTH	SEPTEMBER 26, 1986	FUNDER 1 YEAR IF UNDER 24 HRS
ofte.	ľ	male	white	MONTH 10-17-1915 YEAR	MC	ONTHS DAYS HOURS MIN.
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deoth. P	7	COUNTRY) NY	USA	MARRIED WIDOWED DIVORCED	Allegany	MD.
with with		O. CITY OR TOWN OF DEATH	(IE NOT IN SUCH FACILITY, GR	NURSING HOME OR OTHER INSTITUTION VE STREET ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
0 2 00	0	CUMBERLAND /	MEMORIAL HOS	PITAL	Physician .	Internal Medicine
ND 212	NA	SUAL RESIDENCE (IF NURSING HOME OR O 36. STATE PA Bed	TX 13c. CITY C		13e.STREET ADDRESS / ZIP CODE Black Valley F	arm 99999
MARYLA ad within point after	04	FATHER'S NAME Henry We		15. MOTHER'S MAIDEN N		LAST
MORE, MA	7	60. WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE YES)	WAR OR DATES)	AL SECURITY NO. 17. INFORMANT 44-2670 Mrs. Elizab	eth Weisman, Clear	ville. PA - wife
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours retrending physician. After this certificate has been signed by the offending physician and certific by of the buriol-transit permit. Then please remove carbon papers. Pages I am 2 should be the hand Mental Hygiene prior to buriol, cremotion, or removal. The buriol stages only injury, or other troumatic event, the medical patterns must be more than 18 shows any injury, or other troumatic event, the medical		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	y one couse per line for (a), B BY: C CAUSE (a), DUE TO, OR AS A CON (b), DUE TO, OR AS A CON (c)	Sleanfailu NSEQUENCE OF	re	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Lycan year
VITAL RECORDS, 2 VITAL RECORDS, 2 VI The low require: vysicion. roote hos been significate bruins permit. Then p Hygiene prior to but 8 stows ony injury.	2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR	WHICH OPERATION WAS PERFORMED 216. HOW INJURY OCCU	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
DIVISION OF VOICE PHYSICIAL OF After this certifice os the buriol-trolls of the buriol-trolls of the order the morked or them.	7	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	19 21f LOCATION	CITY OR TOWN	COUNTY STATE
A ATTENDIA Hospital or PIRECTOR: A Sched for use Jept. of Heolifem 21 is mo		22a.1 certify that (1) (this haspital saw the deceased alive an abave, (1) (we) (did) (did not) 22b. SIGNATURE	9/20	19 86 and that in (my) (aur) apunion	n death accurred on the date and haur o	ond from the causes stated
SPITAL Of the VERAL De detoc	7	224 PHYSICIAN'S NAME HAVE OR	PRINT)	ATTENDING PHYSICIAN 122. ADDRES AT. HO:	MEDICAL STAFF DIRECTOR PHYSICIAN SPITAL MEDICAL DIS	9/26/121
HO Pine	/	DR. SHRESTHA		CUMBERLAND	SPITAL MEDICAL BU	LLDING
5 5 5 4 X		3a. BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CEMETERY OR CREMATORY	MARYLAND 21502	
949BB/44		(SPECIFY) Burial	09-29-1986	East View Cemetery	CITY OR TOWN	legany MD
11111		4 FUNERAL DIRECTOR			ATE REC'D. BY REGISTRAR 25b. REGISTRA	
DHMH - 16 60M 7/1 (VRA 15, 4)	В4	James F. Scarpe	elli. Cumber	land, MD 21502	01 1980	

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2 75		TYPE OR PRINTS	HELEN	F	RENCH	WHET		SEPTEMBER		11:15 A
pod de de	3	SEX		4. RACE		S. DATE O		6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 Y	YEAR IF UNDER 24 HRS
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2 7 S	10	BIRTHPLACE (STATE OF	R FOREIGN		WHAT COUNTRY	7? 8. MARRIE	D NEVER MARRIED		OR COUNTY OF DEATH	Н
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filled in quild be	35	UAL RESIDENCE (# NUI In STATE MD	13b COUN Alle	other institution ity egany	136. CITY OR TO Cumber	WN	136. INSIDE CITY LIMITS? YES 🗶 NO 🗌	13e.STREET ADDRESS 220 Somer	/ ZIP CODE Cville Avenu	ue/21502
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de d	1	(YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	16b SOCIAL SEC		17. INFORMANT	ADDR		
2 64 1	-	no			214-28	-6/00	Mrs. Mildred	Brown, Cum		
to high		18 CAUSE OF DEA PART I. DEATH V	TH (Enter and WAS CAUSED	y ane cause per BY:	r line roll of	tahe	-101 de 01	Kenoma	BETWI	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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deo orte fort		Canditions, if an		(b)_						
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ing the state		2								
low formit gorio	4	190 DATE OF OPERA	ATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED JSES OF DEATH?
The party of	/							YES NO	YES 🗌	NO 🗌
A TO SEE SEE	/ //	OR CONTRIBUTION			OF INJURY .M. MONTH	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART	f 2)
ding parties cert buriel-	91	(IF EITHER, NOTHEY MED		117	.M.	19				
PHYS endin this c d Me		(IF EITHER, NOTHY MED	RRED		OF INJURY		211 LOCATION	CITY OR TO	OWN COUNTY	Y STATE
G P peter peter per per per per per per per per per p		WHILE ONOT W	ORK	(AT HOME, ST	REET, FACTORY, OFFICE	E, FARM, ETC)	SINEEL	CITORIC	7444	31016
DIN or or After Af		220.1 certify that (l) (this haspit	al) attended th	ne deceased fram		. 19	, ta		, that (I) (we) last
ATTEN Sepital CTOR d for u		saw the decea	sed alive an	1	19.	, aı	nd that in (my) (our) apinion	death accurred on the d	late and havr and fram	the causes stated
		22b. SIGNATURE	(dip) (and nat	iew the bady	atter death.		DEGREE		22c D	ATE SIGNED
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De De Marie	1	GARY WA		ACCUPATION AND ADDRESS OF THE PARTY OF THE P			925 BISHOP		, CUMBLAND,	, MD 21502
65 5555	2	Burial, CREMATION		ALL DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		Buria		09-12	2-1986	Hill C	emetery	Spring	field	WV
DHMH - 16 60M 7/E	B4 2	FUNERAL DIRECTOR			ADDRESS		25a DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	NATURE
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1		070		REGISTRAR		ME	DICAL EXAM	INER'S	CERTIFICAT	E OF DE	ATH	REG. NO.			
1) -	- 18	3/9		CEASED NA	ME FIRST		WIDDIE	- 11-	LAST		20 DATE KNO	OWN FT MO	ONTH DAY	YEAR	26 HOUR
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		新たまらま	3. SE	Х	4. RACE	5. DATE OF BIRTH	YEAR LAST BI	IN YEARS IF U		IDER 24 HRS		MO	NTH DAY	YEAR	2d. HOUR
		I IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. LED, WITHIN 72 HOURS IN PRESTON STREET,	A 100	Male	White	06-05-8	6 0	YRS. 2	DAYS HOUR	RS MIN,	PRONOUNCE! DEAD	9-	-2-86	19	8:35a
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	Z	A PASSING		FARIT		TE CAUSE (a)	-Sudden in	afant	death syn	drome	- F	ocal			
	0	A PICA					AS A CONSEQUEN	ICE OF		1	Page 1997				
	PRESTON	EAN SINGE			ians, if any, which										
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	RECORDS	HOULD BE EXECUTED WITHIN 24 HOUS RD "PENDING" IN PENCIL IN ITEM 18. HIEF MEDICAL EXAMINER ALONG USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL.	-	PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEA	LSE OR CONDITION GIVEN	IN PART 1 (e)					
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	۵	WRI WARE PAGE TATE		AT WORK	NOT WHILE										
		TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE. WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,			rtify that I took charg	e of the remains de	scribed above, held	on Auto	psy X. Inspi	ection .	Inquiry] and in	ny apinion		
		A S S D E S				LA							пу ариноп		
		EXAMI CERTIFI ULD BE DIRECT WITH		death rest	ulted fram: Natu	ral causes . A	Accident .	Suicide	, Homicide L		etermined manne	· [],			
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		TO MEDI EXECUTE PAGE 4 TO FUNI AFTER DE BALTIMO	1	TYPE OR P	RINT) Marc	garita A.	Korell,M	D	_ADDRESS	111 Pe	enn Stre	et			
		534548	23e. l	BURIAL, CREM	ATION, REMOVAL				OR CREMATORY	[23d I	OCATION				
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2 76			OR PRINT)	RY I	CAY W	ILSON			SEPTEMBER		36	5:42P
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nergi dire	35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVERMA		ALLEGANY	OR COUNTY	OF DEATH	
the factor of th	September 2	cu Cu	TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSING	DOME OR C		IUTION	Teacher	ION OF WORKING LIFE	12b. KIND OF	BUSINESS
(Add	25	Ma	AL RESIDENCE (IF NURSING HONE)	Legany	GIVE RESIDENCE BEFORE A	13d	I. INSIDE CITY	Y LIMITS?	STREET ADDRESS	ZIP CODE	215	62
1	10		THER'S NAME	MIDDLE	Poland	15.		MAIDEN NAMI	WIDDLE		Crow LAST	
n and co	medical	0	VAS DECEASED E VER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	22034196	77	informani atheri	ine Cro	w Wester		md. 21	62
requires that the death c rem signed by the attendit If then please remove contract to the build consisting.	y, ar other trauma		Canditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICAL	(b)_ DUE TO, (OR AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT ON TRIBUTING TO DE	REN F	AILUI	22		IDITION GIVE	N IN PART 110	
w requires been signs not Then p	and indire	ATION	190 DATE OF OPERATION	19b. CON[DITION FOR WHICH C	OPERATION W	AS PERFORM	WED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
A). The law requires systems cate has been signed constituted to the property of the position	O'S Con report	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY	21			200 AUTOPSY? YES NOTE NOTE: N	IN CERTIFY YES	'ING CAUSES (GS USED OF DEATH? NO
4G PkYSELIAN, The law requires attending physicien. Ter this certificate has been signe is the trusted-transit permit. Then pl	chied on them Rishovs any injur	MEDICAL CERTIFICATION		21b. TIME (HOUR ANNER)		Y YEAR 19		JRY OCCURRE	YES NO	IN CERTIFY YES	'ING CAUSES (OF DEATH?
R ATTENDENG PRYSICIANS. The flow requires hopping of ottending physician. RECTOR After this certificate has been significant for security and the uses the fauntal-homeir permit. Then price is the security of the security o	tem 21 is monked as flem. At shows any injur-	11651	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTHY MEDICAL EXAN 21d. INJURY OCCURRED	21b. TIME (F DEATH HOUR A NINER) 21e. PLACE 1 AT HOME. S aspitol) ottended t	OF INJURY M. MONTH DAY M. OF INJURY RREEI, FACTORY, OFFICE, FAR the deceased from	Y YEAR 19 21 21 21 21 21 21	It. HOW INJU	URY OCCURRE	YES NOT	IN CERTIFY YES JRY IN ITEM 18 PA DWN	(ING CAUSES (STAT
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O HOSPITAL OR ATTENDING PRYSICIANS. The flow requires theired by the hospital or ottending physician. O FUNERAL DIRECTOR, After this certificate hos been signed hold be defacted for use or the functional permit. Then p	AORTANT. If them 21 is trackled action. It shows any injury	11651	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM- 21d INJURY OCCURRED NOT WHILE AT WORK 22a I certify that (1) (this h sow the deceased alive obove, (1) (we) (did) (did 22b. SIGNATURE	21b. TIME (F DEATH HOUR A HOUR A STINNER) 21e. PLACE (AT HOME. S DESPITE) 21b. TIME (F DEATH HOUR A HOUR	OF INJURY M. MONTH DAY M. OF INJURY TREET, FACTORY, OFFICE, FAR the deceased from y after death.	Y YEAR 19 21 21 ond th	hat in (my) (a GREE ATTI PH Re. ADDRESS	, 19aur) apinion de	YES NOTE NATURE OF INJUDENT OF THE NATURE OF T	IN CERTIFY YES JRY IN ITEM 18 PA DWN ote ond hour FF CIAN	COUNTY 9	STATE hat (I) (we) ouses stoted

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 00-18324 REG. NO DECEASED NAME 20 DATE OF DEATH MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) ALBERT RICHARD 9868 WINNER ODAM 3.SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR YEAR 28/81 MATER BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED MARYLAND U.S.A. ALLEGANY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HAWTHORNE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130-STATE 1136 COUNTY 1137 CITY OR TOWN 13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS ALLEGANY FROSTBURG 58 -MD HAWTHORNE FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE ALBERT STEPHANIE WEIMER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO puo (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO .A. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (pl) (b), and (c1.) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate other cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Ü 10 50 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 0 ğ CERTIFICATION 0 prior 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? DIVISION OF VITAL NO YES NO [ol-tronsit certificate Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 20 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from ond that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated obove (1) (we) (did) (did not) view the bady after death Dept. 226. SIGNATURE DEGREE 22c. DATE SIGNED 4 ATTENDING MEDICAL STAFF be deta FUNERAL In the State PHYSICIAN MPORTANT 22d_PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS NO GRBANZ ST. CUMBERNANS with TO I 230. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION COUNTY STATE FROSTBURG 25b. REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 (VR A 15 (4)) FROSTBURG

FINERAL

HOME

STATE OF MARYLAND

